



**Family &
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Services**



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Social Policy Research Centre

Supported Accommodation Evaluation Framework (SAEF)

Drop-in Support

May 2015



SAEF Drop-in Support

Prepared for the NSW Department of Family and Community Services, Ageing Disability and Home Care by the Social Policy Research Centre, UNSW Australia.

Document approval

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Abbreviations and glossary

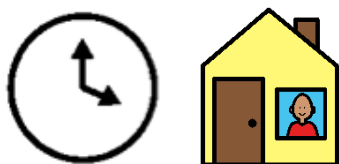
ADHC	Ageing, Disability and Home Care
CALD	Culturally and Linguistically Diverse
CRPD	UN Convention on the Rights of Persons with Disabilities
DS NMDS	Disability Services National Minimum Data Set
HACC	Home and Community Care
HOME	Home Occupiers Mutual Enterprise Inc.
Independence	Interdependency of social relationships and informed decision making to exercise choice and maximise autonomy
IASP	Individual Accommodation Support Package
ILDIS	Independent Living Drop-in Support
ILSI	Independent Living Skills Initiative
LPP	Lifestyle Planning Policy
NDIS	National Disability Insurance Scheme
NSW	New South Wales
RASAIID	Ryde Area Supported Accommodation for Intellectually Disabled
RoRSA	Register of Requests for Supported Accommodation
SAEF	Supported Accommodation Evaluation Framework
SLF	Supported Living Fund
SPRC	Social Policy Research Centre
SSDAAG	Sutherland Shire Disability Accommodation Action Group
ST2	Stronger Together Two
ST1	Stronger Together One
UNSW	University of New South Wales

1 Easy Read summary about Drop-in Support



Drop-in Support is about helping people with disability to live as independently as they can, in a place they want and with the type of help that best suited them.

There are two types of Drop-in Support:



Independent Living Drop-in Support

Independent Living Drop-in Support helps people with disability to move to a more independent way of living over time.

It includes case management, planning and learning new skills.



Independent Living Skills Initiative

The Independent Living Skills Initiative is about living independently in the community with both formal and informal help.

People can live in their current home or move house.



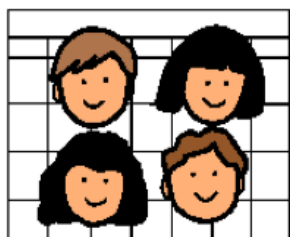
People who used Drop-in Support had good change in:

- Living the way they want
- Learning new skills
- Being included with family, friends and the community
- Feeling good



People who used Drop-in Support had less change in:

- Their relationships with family and friends
- What they own
- Having a job



Drop-in Support worked best where:

- Family could also help
- A support worker helped in looking for a place to live

If you want to know more about all types of accommodation support or about how we found out about Drop-in Support, there is more Easy Read information at the end of this report. Go to page 111.

2 Brief summary of Drop-in Support

The NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) commissioned the Social Policy Research Centre (SPRC) at University of New South Wales (UNSW) Australia to design an evaluation framework and collect data for the accommodation support and funding models under *Stronger Together 2* (ST2). The evaluation used longitudinal, mixed methods and a participatory research approach.

The evaluation includes nine Supported Accommodation Evaluation Framework (SAEF) options grouped in four categories: individual packages, Drop-in Support, group accommodation and Other. This report is about implementation and use of the Drop-in Support options: Independent Living Drop-in Support (ILDIS) and Independent Living Skills Initiative (ILSI). ILDIS assists people to transition to a more independent living arrangement. Over two years, people move from intensive case management, transition planning and skills development towards Drop-in Support. ILSI enables people to live more independently by developing stable, and long-term accommodation arrangements in the community with support from formal and informal networks. The person may wish to remain in their current home or move into a new accommodation arrangement. Support hours may reduce as skills develop, but there is no cut-off date for support.

Most people in both options were aged under 45 years. Men used more than half of the accommodation support in ILSI, and women used more than half of the accommodation support in ILDIS. Diversity was average for both options, although the data was incomplete and the Aboriginal and Torres Strait Islander status data was incomplete. More than half of people were supported outside the metropolitan areas and had intellectual disability.

ILDIS and ILSI were intended to support people with disability to live as independently as they chose, in an accommodation arrangement of their choice, and with formal support that suited people's preferences and life goals. Evidence from the evaluation showed that Drop-in Support achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families had some capacity to assist or the support worker could help with the social housing process. The findings have policy implications for design, implementation and collaboration.

Program design

1. Clarify program scope, control and flexibility so that people and families know how much support they are entitled to, funding constraints and control over these decisions
2. Enhance flexibility of funding so the use of funds can be better tailored to individual needs related to the person, family and community
3. Review the size and variation of the allocation per person to ensure it supports transition to independent accommodation and is responsive to change
4. Review the design to be compatible with the UN Convention on the Rights of Persons with Disabilities (CRPD), National Disability Strategy (NDS), whole of government and the National Disability Insurance Scheme (NDIS) implementation e.g. funding, financial management, planning, review and accountability

Program implementation

5. Provide information about Drop-in Support in a range of forums and accessible formats e.g. group and individual meetings, telephone, Easy Read and community languages
6. Provide information and decision making support for people with disability and families during the application process including goal setting, arranging support, review and monitoring, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations
7. Target recruitment to people from socio-demographic groups (e.g. low resource capacity, not supported by family, Indigenous, culturally and linguistically diverse) who are currently under-represented and provide appropriate personal, family and community support
8. Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
9. Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF
10. Require service providers to ensure dispute resolution mechanisms and support are available for people and families in disputes with support workers and service providers.

Interagency collaboration

11. Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
12. Encourage service providers to assist with improving employment outcomes for program participants by working with employment agencies, employers, education and providers
13. Encourage service providers to strengthen professional networks with specialist (other disability organisations) and mainstream services (e.g. TAFE, universities, gyms, sports clubs and community and religious organisations) and invest in community development to promote service integration and to be able to respond to the individual preferences of people with disability with a range of opportunities in their local community
14. Encourage service providers to collaborate with local self-advocacy organisations to create pathways for people with disability to access lived experience expertise in the disability community
15. Engage with disabled persons organisations to draw on lived experience to inform quality implementation and continuous improvement, such as training content and conducting the training of support workers; engaging advocacy organisations as trainers and peer supporters in transitions and development with people with disability. The involvement of people with disability with disability organisations develops skills, increases community engagement and participation and generates pathways to employment
16. Encourage mainstream community groups to make links with capacity building support in the disability sector (e.g. short courses run by People With Disability Australia (PWDA) and the Independent Living Centre) to back up their confidence and skills to include people with disability in their activities.

3 Full summary of Drop-in Support

ADHC commissioned the SPRC at UNSW to design an evaluation framework and collect data for the new supported accommodation and funding options under ST2. The project built evidence about accommodation support through the collection of data and development of an evaluation framework. This evidence base informs the design and development of disability policy.

The evaluation includes nine SAEF options grouped in four categories: individual packages, Drop-in Support, group accommodation and Other. This report is about implementation and use of the Drop-in Support options: Independent Living Drop-in Support (ILDIS) and Independent Living Skills Initiative (ILSI).

Independent Living Drop-In Support (ILDIS)

ILDIS was established to assist people with low to moderate support needs, predominantly living in group homes, to transition to a more independent living arrangement with Drop-in Support. Over the course of two years, people move from intensive case management, transition planning and skills development towards a Drop-in Support service. Activities in ILDIS include: providing skills development; providing assistance with access to services; undertaking a client risk assessment and developing plans; leisure and recreation; maintaining and developing communication and social skills.

Funding for the ILDIS set at the upper limit of a notional amount of \$70,000 per person per year and is regarded as an initial amount only to include the intensive training and transition component of the service. The service delivery strategy of the ILDIS service has two components: skills training and development and ongoing Drop-in Support. The initial 12 months of the ILDIS focuses on component one. It is an expectation of the program that once the person takes up the Drop-in Support placement (following the initial two year allocation) the cost of the support package would decrease. This would be dependent upon the number of hours of ongoing support required by the person.

Independent Living Skills Initiative (ILSI)

ILSI supports up to 68 people with disability, their families and carers across NSW. ILSI is designed to enable people with disability to live more independently by developing stable, long-term accommodation arrangements in the community with support from formal and informal networks. The person may wish to remain in their current home or move into a new accommodation arrangement. People receive up to 35 hours a week of one-to-one support from trained staff. Hours may reduce as skills develop, but there is no cut-off date for support. ILSI does not provide housing for the person with disability.

ILSI promotes the establishment of a person centred support plan that is built around the person's needs and goals for the future. This includes a focus on developing skills to live with increased independence; providing support to families and carers during the transition to independent living; developing and enhancing the person's support networks or circle of support.

The development of an effective support network, referred to as a *circle of support*, is a vital part of the ILSI option. This is about strengthening and enhancing connections with a network of people who can act as safeguards, increase a sense of wellbeing, reduce social isolation and enhance capacity to plan for the future.

Assistance with developing a person centred plan and any necessary training and support are provided by a key worker called a facilitator, who is a formal support person working for a

service provider. Service providers are block-funded to deliver the ILSI with funding approximately \$78,000 per place per year.

Evaluation of accommodation support

The evaluation used a longitudinal, mixed methods design and a participatory research approach to address the evaluation questions. The evaluation methods were: review of program data provided by ADHC; surveys distributed to people with disability, family members and service provider managers; qualitative interviews with people with disability, family members and service provider managers; focus group with support workers; case studies; and observations. All information is presented in a non-identifying form to protect confidentiality and privacy.

The sample sizes were small, particularly for people in the ILDIS program, and participation was voluntary, so some experiences might have been missed. It was therefore not possible to generalise the evaluation findings to the broader population of people using the Drop-in Support options. All managers who volunteered to participate in an interview were ILDIS support providers, and there was representation from both programs in the staff focus group.

Some of the limitations were addressed through mixed methods. Additional outcome data was gathered during interviews with people with disability and family members, and inclusive methods such as observation. The limitations qualify the results and it is not possible to generalise the evaluation findings to the broader population of people with disability using these or similar options. Analysis that considers these limitations is sufficient for informing policy improvement. Further research and evaluation could consider alternative participation strategies and separate focused studies to address these participation limitations.

This summary describes the participant characteristics; the effectiveness, appropriateness, integrity and sustainability of the options; and policy implications from the evaluation.

Participant characteristics

- Age. More than half the people in both options were aged under 45 years.
- Gender. Men used more than half of the accommodation support in ILSI, and women used more than half of the accommodation support in ILDIS.
- Cultural and linguistic diversity. Diversity was average for both options, although the data was incomplete (measured as CALD status; language other than English at home; or born outside Australia). Language diversity was greater for people in ILSI than in ILDIS.
- Aboriginal and Torres Strait Islander status. Data was incomplete.
- Location. More than one-half of people in the Drop-in options were supported outside the metropolitan areas. Twenty-eight per cent of people who received Drop-in Support lived in the Hunter region.
- Disability. More than one-half of people receiving Drop-in Support had intellectual disability. Data about level of support needs was incomplete.

Compared with the full program sample, fewer families from a CALD background responded to the survey. Most family respondents were mothers.

Effectiveness of accommodation support

Does Drop-in Support provide the intended services and change outcomes for people with disability?

Outcomes experienced by people with disability

Overall, ILSI and ILDIS achieved positive outcomes for most people. The programs assisted many people to increase self-determination in their lives, to further their personal development, and to improve social inclusion as well as physical and emotional wellbeing. Most people felt their rights and autonomy were respected.

Outcomes were most positive where service providers were responsive to people's preferences, were flexible and reliable, and where they gave people adequate information and support with managing their budget. Younger people found it easier to make choices than older ones. Some families impeded positive outcomes by resisting the person's increasing autonomy. The support did not affect material wellbeing directly, but workers assisted people to find and furnish accommodation and manage their incomes. Neither program focused on increasing employment opportunities.

Self-determination: ILSI and ILDIS offered people the flexibility of determining and managing their own, individually devised goals and daily routine, which they regulated with their support worker and/or family. Involving people in recruiting their support workers facilitated matching of personalities. Making choices was easier for younger people. It was hampered for some people by restrictions on activities the funding could be used for, and by initial resistance from some family members.

Personal development: Most people made significant steps in their personal development. This included learning domestic skills and travel skills, using mainstream community facilities, attending courses and working. In ILSI it appeared personal development outcomes depended on the skills of the support staff to enable continuous development and their availability to support people with their preferred activities. One family reported a problem negotiating adjustments of funding level to people's changing needs as they developed more independence. Others had a lack of information about cost of services or budgets managed by the provider.

Rights and autonomy: Most people felt that their rights and autonomy were respected. They were treated with dignity, their privacy was respected, and they felt supported in making decisions and increasing their autonomy. These positive outcomes were facilitated by an attitudinal shift among some support workers. A few people's rights were restricted by family members.

Material wellbeing: Most people reported no change in their material wellbeing, as the majority of the monies went directly to the Drop-in service providers, and covered support but generally not material goods. Several people moved into their preferred accommodation since receiving the Drop-in Support. Families and support workers had assisted them with finding accommodation, furnishing and settling in. ILSI and ILDIS also supported people to manage their income.

Social inclusion: The ILDIS and ILSI led to an increase in people's social inclusion, by assisting them to participate more frequently in community activities and form social connections in their local community. Drop-in participants were supported to engage with disability-specific and mainstream organisations, and to enjoy organised and spontaneous activities. Both programs appeared to be responsive to individual preferences about the amount and type of interaction people wished to be involved in. As a result, family and

friends have seen improvement in social skills and confidence. People and families mentioned two barriers to increased community participation: inflexible service providers and lack of affordable housing. On the other hand, inclusive attitudes among service providers, local organisations and businesses facilitated social inclusion. Neither program appeared to have a focus on increasing employment opportunities.

Interpersonal relations: Both programs assisted people to maintain family relationships and existing friendships and support workers helped in whatever way was useful, for example enabling regular visits and long-distance travel. Family members found it reassuring to know that the person with disability was adequately supported to become more independent. In rare cases support workers needed to manage tension that emerged due to shifting family relationships. New friendships started through participating in community and social activities organised through ILSI and ILDIS, and support workers assisted people in establishing these friendships, for example by helping to organise outings and birthday parties. Some people decided to acquire pets. Relationships with support workers were mostly positive, with people appreciating the workers' flexibility and trustworthiness. Power relationships were sometimes a problem where one support worker was routinely late but the person and family dared not take this up with the service provider for fear of jeopardising service provision.

Physical wellbeing: Both ILDIS and ILSI focused on improving people's health. There were numerous examples where support workers assisted people to improve their health by adjusting their eating, exercising or attending medical appointments. Support for improved personal hygiene was also reported. Other physical wellbeing aspects such as personal safety and feeling relaxed and comfortable were rarely commented on. Two people said their level of comfort had improved when they changed providers, as they felt the new support workers were responsive to their needs.

Emotional wellbeing: People, parents and support workers reported that the emotional wellbeing of many people participating in the ILSI or ILDIS programs had improved. Often this happened because the programs encouraged more interaction with the wider community and more independence in people's day to day lives. Many people had support networks that were developed before and often involved family members. Support workers tried to improve networks where they saw gaps, often through involving people in community activities or work, arranging professional psychological support, or providing emotional support themselves. Support workers also tried to meet people's need for stability and predictability in their lives, for example by making weekly plans. Unreliable workers caused emotional stress for some people in the programs. Family members expressed their own attitudes towards the programs and the effect on their wellbeing. Most people enjoyed the benefits of their adult children having more independence and control over their lives. Parents in particular appreciated more free time for themselves and less worry. Some parents found it difficult to relinquish control.

Accommodation support

ILSI and ILDIS arranged the intended support for most people. Many people in the programs moved into, or already lived in, their preferred housing arrangement, and they received appropriate support there. Service providers and families needed to be responsive to people's wishes and work together to make accommodation support successful.

Arranging or providing a preferred place to live in the community: People generally lived in their preferred housing, which was sometimes facilitated through ILSI or ILDIS, for example where people were assisted to move out of the family home or a group home into their own place. Successful transition to independent living arrangements could be hindered by a lack of available housing or negative attitudes of group home staff or families.

Arranging or providing support as needed to live there: Both programs focused on providing practical accommodation support and developing independent living skills. Staff needed to understand people's individual needs to provide the appropriate support, and it helped if they knew the local community and the options available there. Service providers felt that building positive relationships with families was important, and they made efforts to reassure parents and reduce anxieties. Funds management could be difficult from the person and family's point of view where money went directly to the service provider, limiting people's choices. Service providers needed to adjust staffing levels to meet changing travel requirements when people moved.

Characteristics of the SAEF options

The characteristics are described in Section 8. In both options, the characteristics of the accommodation support were influenced by the skills and engagement of the service providers. When well implemented, ILDIS and ILSI offered choice, person centred and strengths based support, effective partnerships between people, families, services and communities, support for cultural and age related needs, and effective monitoring and staff development. These characteristics were achieved where the providers focused on each person's individual needs and capabilities, had a broad understanding of Drop-in Support that went beyond domestic skill development, communicated regularly with people and families, and were skilled in balancing conflicting needs of people and family members. Staff development opportunities in the ILSI option also helped. Barriers to effective accommodation support in some providers were staff management and insufficient funding for ageing people's needs.

Choice, flexibility and control: When well implemented, ILDIS and ILSI appeared to offer people choice, flexibility and control over their accommodation support. People could vary the type and intensity of assistance provided by their support workers over time, depending on their changing needs. Some could also choose support workers, which they appreciated. These program characteristics were facilitated by service providers who focused on the people's individual needs, who had a broad understanding of Drop-in Support that went beyond domestic skill development, and who communicated well with people and families.

Person centred: The planning process in both programs appeared to facilitate individualised support and people's decision making. The process worked well where service providers organised initial intensive planning to determine goals, as well as regular ongoing meetings to adjust support. Skilled support workers could assist the person's planning and develop decision making capacity. Some people experienced increased independence through learning skills and participating in social activities. Support workers sometimes needed to manage conflicting family preferences. Several families felt frustrated with an apparent lack of skill among support workers to provide a person centred approach.

Strengths and partnership based: People, families and service providers reported some positive experiences, where planning focused on the strengths of the person and involved an inclusive approach between the person, service providers, family and friends. Good teamwork, open communication, a strengths based approach in the support organisation and a shared commitment to support the person's goals were cited as facilitating factors. Family members appreciated that some responsibility had been taken off them. Several people and families had negative experiences, where support workers seemed to lack training for person centred approaches and were unreliable. Balancing freedom of choice and management of risk for the person required ongoing negotiations between people, families, workers and their organisations.

Appropriateness of accommodation support

Does Drop-in Support reach the target group and meet their accommodation support needs?

Appropriate to the people with disability

Drop-in Support seemed to be appropriate to the characteristics and needs of most people. It was particularly helpful for supporting people and their families to consider new housing options and developing new skills to live more independently in or away from a family home.

Responsive to Aboriginal and Torres Strait Islander people and CALD background

There was insufficient information as to whether ILDIS and ILSI met the needs and aspirations of people from Indigenous and CALD backgrounds. Positive examples included a Drop-in program specifically for Indigenous people, cultural training for support workers, engaging interpreters, facilitating church visits, and workers engaging with people's culture, for example cooking their food.

Responsive to age and life stages at key transition points

There was insufficient information to draw conclusions as to whether ILDIS and ILSI enabled supports and activities that were suitable for the person's age and life stage and during key transitions. It appeared that the use of person centred planning helped facilitate age appropriate support. Support workers were matched to the age preferences and interests of the person, and people were supported through the transition to retirement. Some ILDIS managers felt that program funding was insufficient to meet the needs of ageing people.

Integrity and sustainability of accommodation support

Was Drop-in Support implemented as planned and responsive to identified gaps in design? Did the implementation maximise effectiveness within the option, with other initiatives and with mainstream services?

Facilitators and challenges to implementation

Facilitating factors in the implementation of Drop-in Support to assist people with disability to make choices in their lives and implement them were:

- families or social supporters with the capacity (including interest, education, finances and organisational skills) to support the person in their planning and in organising accommodation support
- support workers who had skills to engage with people with respect and focus on their capabilities, particularly as their independence increased
- providers who were responsive to people's preferences and managed change within their organisation.

Where these facilitating factors were present, Drop-in Support was implemented with a person centred approach that gave many people with disability choice and flexibility over their accommodation support, and enabled them to select preferred activities and support workers. This made people feel happier, more confident and more independent than before.

The degree to which a person centred approach was taken within the ILDIS and ILSI programs depended on the extent to which the organisation sought to understand: the person and their particular needs; the service approach of the organisation; and the training and supervision of staff.

With the Drop-in service, practical support can be up to 35 hours a week. People in the ILDIS program needed to be able to move out of home within the first 12 months and so the providers started working with the people and their family to develop skills which would enable the person to move out, while at the same time starting to look for appropriate places to live. However within the ILSI program, depending on the attitude of the family, people were able to remain at home, so this required ongoing work with the family to ensure the success of the program.

Barriers to effective implementation included:

- information for people and families about the support, and about the degree of control they could exert
- limited planning and decision making support for some people and families
- incomplete implementation – planning not occurring in a timely way; goals not properly structured with incremental steps for supported planning; or lack of regular reviews.

Where these barriers were present, the intended characteristics of the Drop-in Support were not fully implemented. People were then not able to achieve the accommodation arrangement of their choice and were left confused and disappointed. Perversely, this sometimes happened when people already had some skills that could have been developed further. Where support workers and service providers were not delivering person centred approaches, often due to attitudes or lack of skill, people and families did not receive accommodation support that reflected their preferences and needs. Some people experienced a lack of information about the scope of support they could ask for and the opportunities to change the support, or lack of support for decisions about goal setting and support provision, which prevented some people and families from using the support to their full potential.

Some parents had experienced significant problems with some service providers because of a staff turnover, which resulted in a lack of co-ordination and facilitation and in some instances, a total lack of service provision. Some families indicated poor training in person centred planning for some staff. Some people and families felt unsafe complaining.

Most but not all service providers were able to offer choice around the recruitment and appointment of support workers and replaced staff who did not support people in a positive way. Some families did not have a choice about a service provider. Others did not have access to quality review meetings.

Strengths and weaknesses of the current implementation

Strengths of Drop-in Support were:

- flexibility in how the funding was used
- capacity to tailor support to helping the person and family adjust to new opportunities
- person centred goal setting process.

Weaknesses of Drop-in Support were:

- insufficient or unclear amount of support available to meet people's needs, and unclear paths when needs changed
- lack of affordable housing for people to live outside the family home or have choices about who to live with
- cultural barriers to person centred approaches among some service provider organisations and support workers
- inconsistent organisational structures to manage the quality of support in some disability services, which people and families described as the primary lever of quality.

The short-term and long-term strengths and weaknesses of the current option are reflective of the provider approach and their ability to manage support staff who are able to work alongside the people in a way which meets the articulated needs of the people and their families. The strengths and weaknesses of the service are about the quality of the staff and their willingness to approach their work in a creative and holistic way.

Integrated and collaborative practice

Some service providers developed effective partnerships with the person, families, the broader community, and information, advocacy and other services. This required regular meetings and managing individual family concerns. Service providers reported connections with a wide range of community organisations and enabling people to engage in various activities of their choosing. In regional and rural areas, service partnerships appeared easier to establish, although transport for people to their preferred activities was an issue. People's experiences with collaborations were mixed. Several families reported lack of communication with the service provider and insufficient information about the program.

The location of the housing was important for integrated and collaborative practice to occur and for the ILDIS and ILSI options to be able to operate successfully. Integration was easier if it was centrally located, close to local shops and public transport, located near the social hub of a community. Some people were on the housing waiting lists for a long time.

Policy implications of accommodation support

ILDIS and ILSI were intended to support people with disability to live as independently as they chose, in an accommodation arrangement of their choice, and with formal support that suited people's preferences and life goals. Evidence from the evaluation showed that Drop-in Support achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families had some capacity to assist or the support worker could help with the social housing process. Specific policy implications for ADHC concern both administrative and structural levels. Lived experience of people using accommodation support should inform program design, implementation and interagency collaboration.

Program design

- Clarify program scope, control and flexibility so that people and families know how much support they are entitled to, funding constraints and control over these decisions

- Enhance flexibility of funding so the use of funds can be better tailored to individual needs related to the person, family and community, for example culturally specific arrangements and transport
- Review the size and variation of the allocation per person to ensure the way the allocation is managed allows for adequate support in transition to independent accommodation and are responsive to change
- Review the program design to be compatible with CRPD, NDS, whole of government and NDIS implementation, for example implications for funding, financial management, planning, review and accountability processes

Program implementation

- Provide information about Drop-in Support in a range of forums and accessible formats (e.g. group meetings, individual meetings, telephone support, Easy Read and community languages)
- Provide information and decision making support for people with disability and families during the application process and including goal setting, arranging support, review and monitoring, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations. Examples include:
 - Link people with disability who are planning their support to expanding thinking about possibilities – e.g. My Choice Matters
 - Build on trusted relationships with informal and formal supporters to engage in planning and manage transitions
 - Encourage people with disability and family members to identify their mutual and separate goals for the support, so that resources can be assigned to address each set of goals
 - Encourage people and families to think of accommodation support as long term, future-oriented, including forecasting long term change and incremental steps
 - Encourage multiple family members, friends and acquaintances to be involved and informed about the planning (e.g. siblings, cousins, friends, family friends etc.) through more or less engagement such as circles of support or other regular contact, so that possible future supporters remain knowledgeable about supported decision making before crises.
- Target recruitment to people from socio-demographic groups (e.g. low resource capacity, not supported by family, Indigenous, culturally and linguistically diverse) who are currently under-represented and provide appropriate personal, family and community support
- Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
- Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF
- Require service providers to ensure dispute resolution mechanisms and support are available for people and families in disputes with support workers and service providers.

Interagency collaboration

- Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
- Encourage service providers to assist with improving employment outcomes for program participants by working with employment agencies, employers, education and providers
- Encourage service providers to strengthen professional networks with specialist (other disability organisations) and mainstream services (e.g. TAFE, universities, gyms, sports clubs and community and religious organisations) and invest in community development to promote service integration and to be able to respond to the individual preferences of people with disability with a range of opportunities in their local community
- Encourage service providers to collaborate with local self-advocacy organisations to create pathways for people with disability to access lived experience expertise in the disability community
- Engage with disabled persons organisations to draw on lived experience to inform quality implementation and continuous improvement, such as training content and conducting the training of support workers; engaging advocacy organisations as trainers and peer supporters in transitions and development with people with disability. The involvement of people with disability with disability organisations develops skills, increases community engagement and participation and generates pathways to employment
- Encourage mainstream community groups to make links with capacity building support in the disability sector (e.g. short courses run by PWDA and the Independent Living Centre) to back up their confidence and skills to include people with disability in their activities.

4 Introduction

In 2013, ADHC commissioned the SPRC, UNSW to design an evaluation framework and collect initial data for the accommodation support and funding models available under ST2, now known as *Ready Together*. The project built evidence about accommodation support through the collection of data and development of an evaluation framework. This evidence base aims to inform the design and development of disability policy.

At the time of the evaluation, Australian states and territories were responsible for the provision of disability specialist services to people with disability. Funding derived from federal and state governments. ADHC is part of the Department of Family and Community Services in NSW. The aim of the agency is to provide better and more integrated services for vulnerable client groups through a range of priority initiatives. Services are subject to state and federal legislation as well as national service standards and are changing in the context of major reform under the NDIS and implications of the CRPD.

The evaluation design is described in detail in Fisher et al 2014 and summarised in Appendix A.

4.1 SAEF supported accommodation options

The evaluation included nine SAEF options grouped in four types: Individual Packages, Drop-in Support, Group Accommodation and Other Options. The findings are presented in a summary report (Purcal et al 2014). This report is about implementation and use of the Drop-in Support options: Independent Living Drop-in Support (ILDIS) and Independent Living Skills Initiative (ILSI).

Table 4.1: SAEF evaluation accommodation support options

Option type	SAEF evaluation options
Individual Packages	1. Supported Living Fund (SLF)
	2. Individual Accommodation Support Packages (IASP)
Drop-in Support	3. Independent Living Drop-in Support (ILDIS)
	4. Independent Living Skills Initiative (ILSI)
Group Accommodation	5. Lifestyle Planning Policy (LPP) - in ADHC operated group homes and Large Residential Centres (LRCs - Metro Residences only)
Other Options	6. NGO group accommodation
	7. Intentional community
	8 & 9. Parent governance options A and B

4.2 Evaluation of Drop-in Support

A range of methods were used to gather the data:

- Review of program data provided by ADHC

- Surveys distributed to people with disability, family members and service provider managers
- Qualitative interviews with people with disability, family members and service provider managers
- Focus group with service provider staff
- Case studies
- Interview observations.

The sample sizes for the data collection were small (Table 4.2), particularly for ILDIS, and therefore the findings need to be viewed with caution. All information is presented in a non-identifying form to protect confidentiality and privacy. The samples are too small to present case studies or individual stories. Further information about the methods is provided in Appendix B.

Table 4.2: Samples for SAEF drop-in data collection

	Total Program data	Interviews					Surveys [†]		
		People with disability	Case studies	Family	Manager	Direct workers group	People with disability	Family	Manager
1. Independent Living Drop-in Support (ILDIS)	25	4	-	-	3	1	18	5	3
2. Independent Living Skills Initiative (ILSI)	42	12 ²	2	4	-	1	24	21	2

Notes: 1. Surveys distributed to all people in each option, their family, one manager from all service providers with an active package allocated
2. Includes one person from HOME

Recruitment for the interviews was managed by ADHC. ADHC provided information on the SAEF evaluation and recruitment process to service providers and requested contact details for people accessing ILDIS and ILSI support. ADHC mailed a copy of the recruitment information and request for research volunteers to each person. If people indicated that they were willing to participate in a qualitative interview, ADHC contacted them to arrange an interview.

ADHC also arranged SAEF briefing sessions for service providers: two metropolitan and three regional sessions. An invitation for service provider managers to take part in a research interview was included with the invitation to attend a briefing session.

Surveys were distributed by ADHC to people receiving ILDIS or ILSI support. People were requested to forward the family survey on to an appropriate family member. Surveys were also distributed by ADHC to all managers of service providers contracted to provide ILDIS or ILSI. All surveys were made available in paper and electronic format. Fewer than 10 managers responded.

4.3 Participant characteristics

Data about participant characteristics was available from the program data, survey data and interviews. Full tables are in Appendix C. Missing data is included in the percentages because assumptions cannot be made about the characteristics. The survey data was representative of the full program data except for CALD status, which was lower in the

survey; and region of residence, where more survey respondents came from metropolitan areas (Table C.7). This section summarises the findings.

- Age. More than half the people in both options were aged under 45 years (Table C.3).
- Gender. Men used more than half of the accommodation support in ILSI, and women used more than half of the accommodation support in ILDIS (Table C.3).
- Cultural and linguistic diversity. Diversity was average for both options, although the data was incomplete (measured as CALD status; language other than English at home; or born outside Australia). Language diversity was greater for people in ILSI than in ILDIS (Table C.3).
- Aboriginal and Torres Strait Islander status. Data was incomplete (Table C.1 and Table C.3).
- Location. More than one-half of people in the Drop-in options were supported outside the metropolitan areas. Twenty-eight per cent of people who received Drop-in Support lived in the Hunter region (Table C.1).
- Disability. More than one-half of people receiving Drop-in Support had intellectual disability (Table C.1). Data about level of support needs was incomplete.

Compared with the full program sample, fewer families from a CALD background responded to the survey (Table C.10). Most family respondents were mothers.

4.4 Limitations

The sample of people with disability who took part was small, particularly for people in the ILDIS program. It was therefore not possible to generalise the evaluation findings to the broader population of people using the Drop-in Support options. All managers who volunteered to participate in an interview were ILDIS support providers, and there was representation from both programs in the staff focus group.

Participation in the surveys and qualitative interviews was voluntary. A risk is that the results might be positively or negatively biased (motivated by satisfaction or dissatisfaction) rather than random samples. The sample of people with disability who took part was small. A risk is that people who are the most dissatisfied or marginalised (e.g. socio-economic, Aboriginal, cultural and linguistic diversity and communication support needs) might be the least likely to participate in research. An implication is that some challenges with the accommodation support or planning might not have been identified. Some of the limitations were addressed through mixed methods. Additional outcome data was gathered during interviews with people with disability and family members, and inclusive methods such as observation, were used to maximise diversity in participants and address the small sample sizes. The participation rate was similar to other evaluations with similar populations and higher than similar evaluation with people with communication support needs (Jacobson et al. 2012), because of the mixed inclusive methods adopted.

These limitations qualify the results and it is not possible to generalise the evaluation findings to the broader population of people with disability using these or similar options. Analysis that considers these limitations is sufficient for informing policy improvement. Further research and evaluation could consider alternative participation strategies and separate focused studies to address these participation limitations.

5 Drop-in Support options

Two Drop-in options were included in the SAEF – ILDIS and ILSI, described in this section. More information on the types of accommodation options can be found on the ADHC website at http://www.adhc.nsw.gov.au/individuals/support/somewhere_to_live.

5.1 Policy context

At the time of the evaluation, Australian states and territories were responsible for the provision of disability specialist services to people with disability, with funding derived from federal and state governments. ADHC is part of the Department of Family and Community Services in NSW. The aim of the agency is to provide better and more integrated services for vulnerable client groups through a range of priority initiatives. Services are subject to state and federal legislation as well as national service standards and are changing in the context of major reform under the NDIS and implications of the CRPD.

In 2006, the NSW Government announced its strategic direction, guided by *Stronger Together: A new direction for disability services in NSW 2006-2016*. This involved developing a comprehensive plan for reshaping the disability service system with the first phase, *Stronger Together 1* (ST1), commencing in 2006 (ADHC, 2006), followed by the second phase, ST2, in 2011 (ADHC, 2011).

ST1 and ST2 identified the need to improve outcomes for people with disability by delivering more person-centred planning, services and supports, early intervention and prevention and flexible accommodation support options. This includes promoting individualised funding and accommodation support arrangements for people with disability that are inclusive and designed around individual needs. ADHC developed various supported accommodation options in line with ST1 and ST2.

5.2 Independent Living Drop-In Support (ILDIS)

ILDIS was funded in April 2009 at a total recurrent cost of \$13.3m for 95 program places to transition people from group homes to a more independent accommodation option, with appropriate support. Not all of the 95 allocated places were filled with people living in group homes. The remaining places were allocated to people requesting accommodation support through the Register of Requests for Supported Accommodation (RoRSA).

Funding for the first two years (2008/09 and 2009/10) was at a fixed recurrent amount with the initial allocation of the ILDIS set at the upper limit of a notional amount of \$70,000 per person per year. This notional allocation is not intended to be the amount of the support package for the person in the long term and is regarded as an initial amount only to include for the intensive training and transition component of the service.

The service delivery strategy of the ILDIS service has two components: skills training and development and ongoing Drop-in Support. The initial 12 months of the ILDIS focuses on component one. It is an expectation of the program that once the person takes up the Drop-in Support placement (following the initial two year allocation) the cost of the support package would decrease. This would be dependent upon the number of hours of ongoing support required by the person.

Definition, objective and service delivery

ILDIS was established to assist people with low to moderate support needs, predominantly those living in group homes, to transition to a more independent living arrangement with Drop-in Support. Over the course of two years, people move from intensive case management, transition planning and skills development towards a Drop-in Support service. Activities in ILDIS include:

- providing skills development
- providing assistance with access to services
- undertaking a client risk assessment and developing plans
- leisure and recreation
- maintaining and developing communication and social skills.

ILDIS includes four bands reflecting the intensity of support and care required. In practice, this is split into six bands with the lowest band split into 0-7 hours and 8-14 hours per week and then a higher intensity band, Support Plus, available for people with higher needs on a time limited period.

Target Group, eligibility criteria and referral

People must meet the following eligibility criteria to be included in ILDIS:

- have a disability as defined by the NSW Disability Services Act 1993
- have the capacity to live more independently
- require low to moderate levels of direct support (no more than 35 hours a week).

Vacancies created within the existing supported accommodation services by people moving into independent living service are filled through either ADHC's Regional Vacancy Management process or through the service provider that holds the vacancy.

5.3 Independent Living Skills Initiative (ILSI)

The ILSI option was developed in partnership between ADHC and Down Syndrome NSW in conjunction with two service providers, UnitingCare Disability and House With No Steps. Down Syndrome NSW was engaged for a two year period, with the ILSI option to be developed trialled with a small number of people during this timeframe. Phase 1 was rolled out in late 2010 and Phase 2 in 2011/12.

ILSI is now supporting up to 68 people with disability, their families and carers across NSW. ADHC collaborated with Down Syndrome NSW to develop resources to support the program including detailed training materials, training videos, a website and an ILSI documentary.

Definition, objective and service delivery

ILSI is designed to enable people with disability to live more independently by developing accommodation arrangements in the community with support from formal and informal networks. People receive up to 35 hours a week of one-to-one support from trained staff. Hours may reduce as skills develop, but there is no cut-off date for support. ILSI supports up

to 68 people with disability, their families and carers across NSW. ADHC has worked in collaboration with a service provider to develop resources to support the program including detailed training materials, training videos, a website and an ILSI documentary. ILSI does not provide housing for the person with disability.

ILSI promotes the establishment of a person centred support plan that is built around the person's needs and goals for the future. This includes a focus on:

- developing skills to live with increased independence
- providing support to families and carers during the transition to independent living
- developing and enhancing the person's support networks or circle of support.

The development of an effective support network, referred to as a *circle of support*, is a vital part of the ILSI option. This is about strengthening and enhancing connections with a network of people who can act as safeguards, increase a sense of wellbeing, reduce social isolation and enhance capacity to plan for the future.

Assistance with developing a person centred plan and any necessary training and support are provided by a key worker called a facilitator, who is a formal support person working for a service provider. Service providers are block-funded to deliver the ILSI with funding approximately \$78,000 per place per year.

Target group, eligibility criteria and referral

People must meet the following eligibility criteria to be included in ILSI:

- have a disability as defined by the NSW Disability Services Act 1993
- be aged between 18-64 years
- have low to moderate support needs, needing no more than 35 hours per week of direct support and not needing paid ongoing overnight support
- have the capacity and desire to live more independently following an initial period of intense training and skills development
- be committed (along with their family or carers) to working with a support provider to set and implement goals for independent living
- have stable accommodation but want to prepare for longer term accommodation either in the current home or within another accommodation option in the community.

Vacancies are managed through the service provider that holds the vacancy.

Previous evaluation of ILSI

In 2012 Westwood Spice was commissioned to evaluate the development and implementation of ILSI across the formative two years of the development phase. The overall purpose of the evaluation was to examine the impact of the ILSI option of service provision on participants and families in delivering desired independent living outcomes for people with a disability. The evaluation adopted an Action Research approach, exploring with stakeholders what worked well, what did not work well and what was learnt which could benefit future implementation.

Key findings of the ILSI Service evaluation indicates:

- the identification of individual preferences and aspirations through mapping, person centred planning and circle of support mechanisms was demonstrated to be more individualised and sufficient when compared to the use of SNAP and I-CAN support needs assessment tools, which had limited utility in guiding future service planning and goal setting and were not widely adopted by service providers
- the most predominant outcome reported by families was ‘peace of mind’
- confirmation of the increasing independent living skill levels of participants and that families supported the need for structured support and teaching of these skills
- the importance of adopting a flexible approach to support facilitation that considers participants’ pre-existing busy weekly schedules, holidays, illness and being responsive to individual needs and preferences
- the level of intrusion which independent living skills training within the family home brought into daily family life had not been anticipated
- individual differences in levels of motivation from week to week presented challenges for the facilitators and service providers
- a variety of ways in which circles of support evolve where the emphasis is on establishing local support networks that are tailored to suit the ILSI participant’s preferences and those of their family/carers
- two of the demonstration participants had achieved and sustained their goal of moving into independent living, demonstrated by successfully living in their own shared apartment for almost 12 months. Another participant was on the verge of moving out into his own premises
- for some ILSI participants and their families, the goal to move out of the family home was not the desired goal, but to reduce reliance on carers, to increase community connections and to build informal, as well as formal support structures
- overall, the Phase 1 intake evaluation concluded that the ILSI option demonstrated that it can provide a sound option in which to support people with a disability who wish to participate in dedicated skill development to live more independently.

6 Outcomes of Drop-in Support

The evaluation is a point in time analysis, that aims to compare change in outcomes from before using the option, including their independence, living the way they want to, in the home of their choice, social inclusion and community participation, and health and fulfilling lifestyles (Table 6.1). The data for measures in 2013 were collected from interviews and surveys (Section 4.2). No outcomes program data was available.

Outcomes were analysed against the evaluation questions to see whether the SAEF option met its objectives for the people using Drop-in Support. Analysis was conducted according to the outcomes and indicators in Table 6.1. Full tables and figures of outcome results are in Appendix C. Sample sizes were too small to make definitive statements, particularly in the quantitative analysis and for the ILDIS qualitative data. This section presents the evidence of baseline or change in specific outcomes for each domain.

Table 6.1: Participant outcomes and indicators for Drop-in Support

Domain	Indicators
Live with increased independence	
Self-determination	Choosing personal goals Choosing where and with whom they live Choosing services Choosing daily routine Making choices about life stage transitions
Personal development	Acquiring new skills (decision making, participation, housework etc.) Realising personal goals Engaging in meaningful activities Education, training, volunteering
Live the way you want to	
Rights and autonomy	Exercising rights and being informed about them Having time, space and opportunity for privacy Being supported in making own decisions Deciding when to share personal information Treated fairly and with dignity
Live in the home of your choosing	
Material well-being	Possessions Income Homely environment
Social inclusion and participation in the community	
Social Inclusion	Participating in the life of the community Interacting with others in the community Living in an integrative environment Employment
Interpersonal relations (relationships)	Having friends Having intimate relationships Contact with family Engaging with staff (including support staff and other staff, such as the gardener for example)
Healthy and fulfilling lifestyles	
Physical well-being	Being safe Feeling relaxed and comfortable Having best possible health
Emotional well-being	Having natural support networks Feeling respected Having a stable and predictable environment Feeling safe

6.1 General findings about outcomes

Interviews and surveys to people, families and managers showed that most people were happy with most aspects of their lives (Figure 6.2; Figure 6.3). They were perhaps least happy with social inclusion (Figure 6.2), employment and health (Figure 6.3), but the sample was too small to draw conclusions. The family survey results were similar, being generally positive but slightly less so about employment opportunities and physical health (Table C.11).

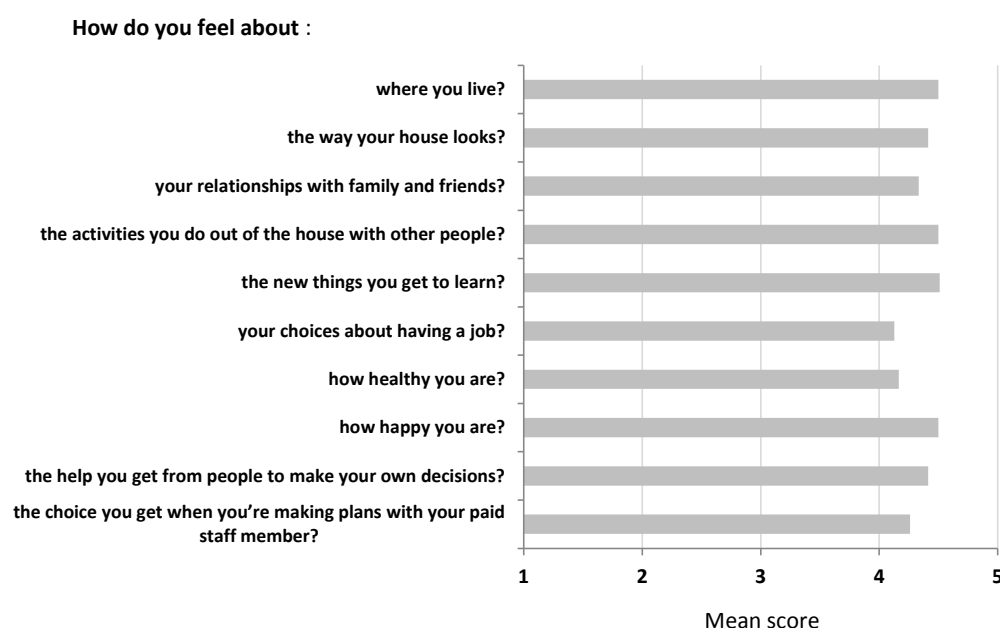
Figure 6.2: Quality of life person with disability now, interview data, Drop-in Support, mean



Source: Interview with people using accommodation support options February-August 2013

Note: n=16. For details see Table C.16.

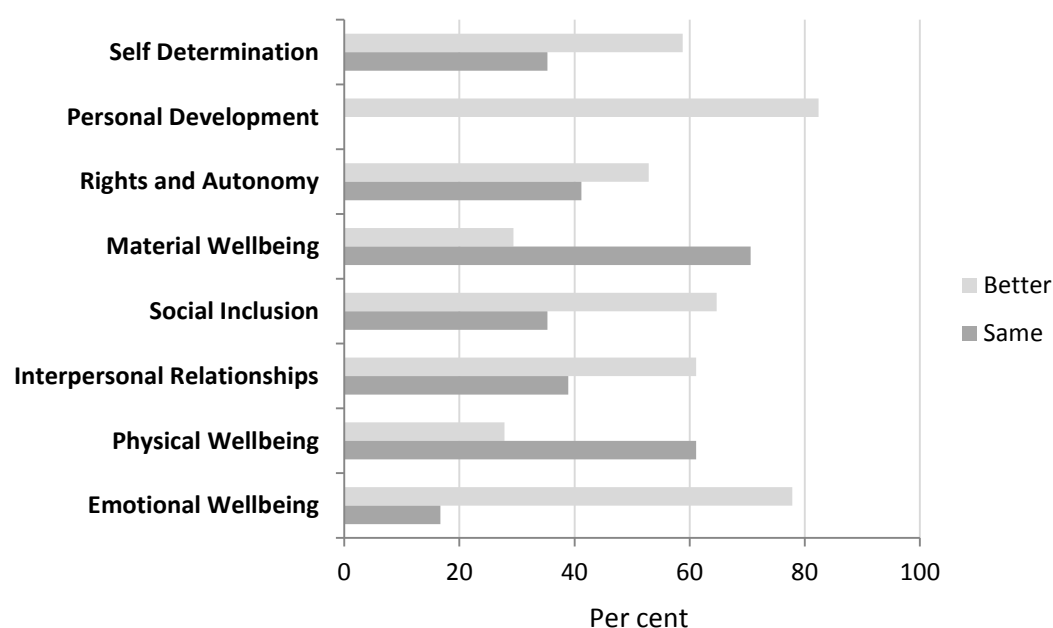
Figure 6.3: Quality of life now for Drop-in Support, survey of people with disability, mean



Source: Survey to people with disability using accommodation support options July 2013

Notes: Range of responses was 1-5 (unhappy to happy) for all support options. n=39-42. For details see Table C.8.

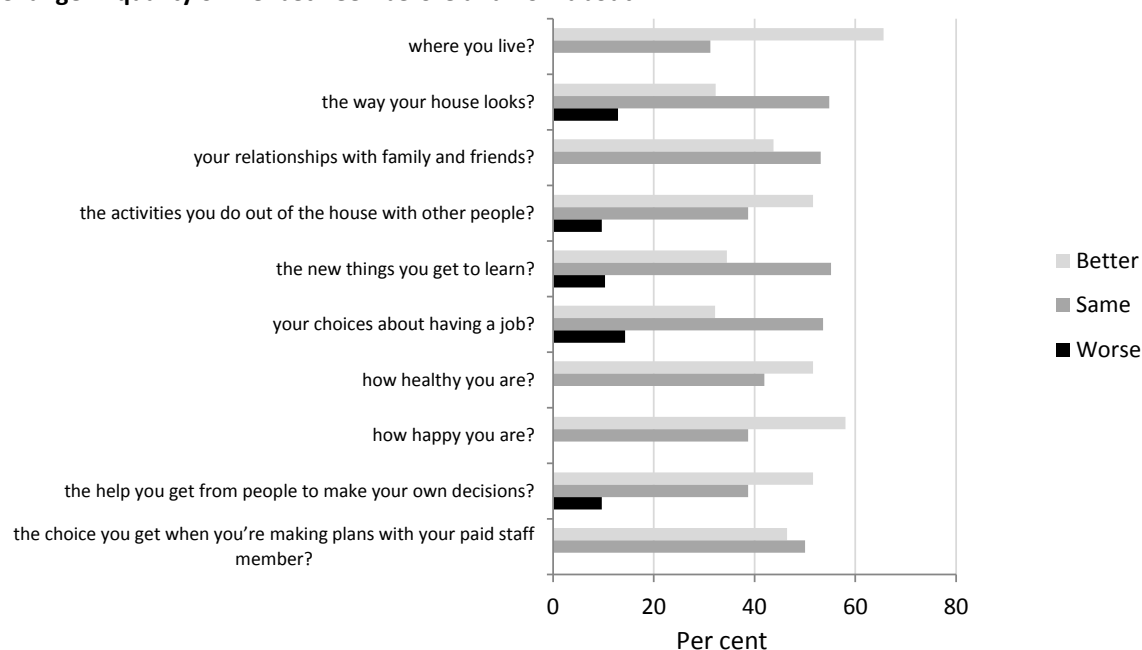
Changes in outcomes, as measured retrospectively from before using the options, showed that most people stayed the same or had better outcomes on most measures (Figure 6.4; Figure 6.5; Table C.18). Greatest improvements seemed to be where they live; personal development and emotional wellbeing. A few people in the survey said their quality of life had deteriorated in some areas. Sample sizes were too small to make definitive statements.

Figure 6.4: Change in quality of life for Drop-in Support, interview data, per cent

Source: Interview with people using accommodation support options February-August 2013.
 Note: n=11. No respondents reported worse quality of life. For details see Table C.18.

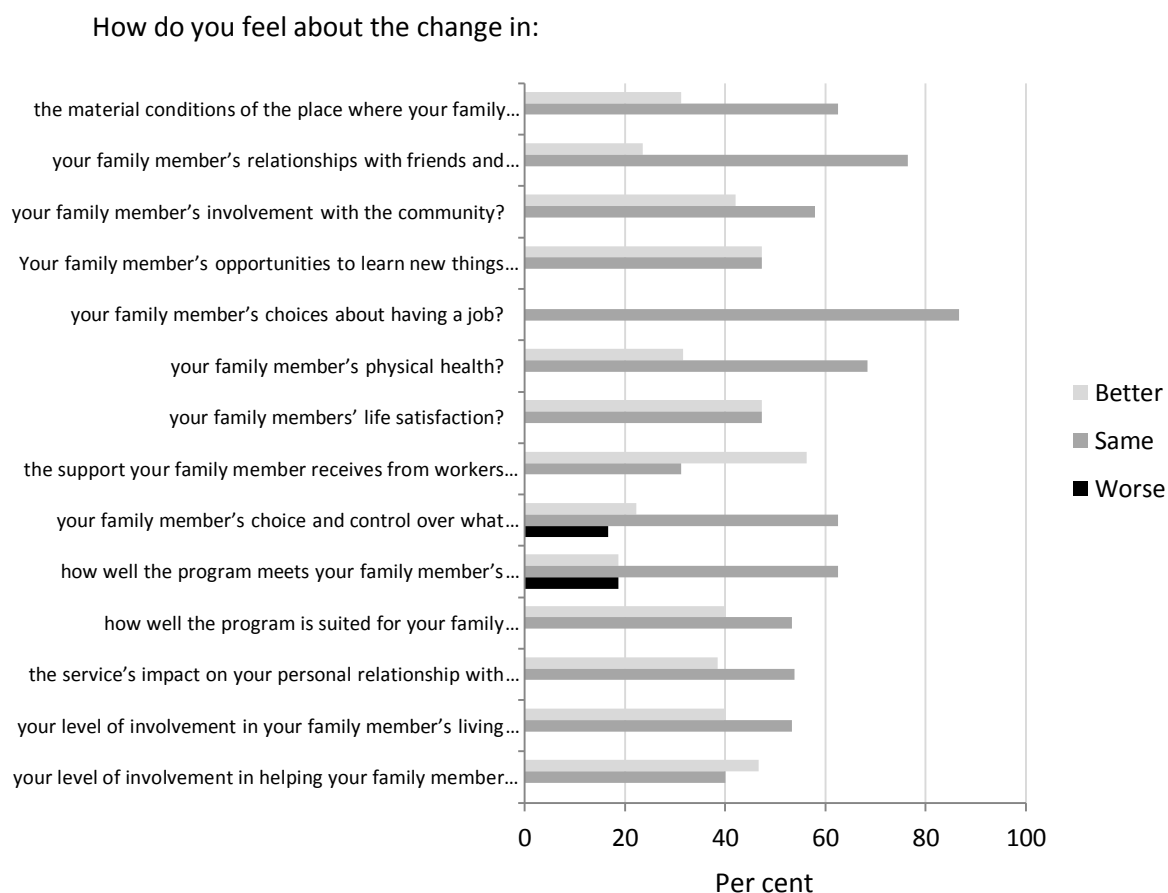
Figure 6.5: Change in quality of life for Drop-in Support, people survey, per cent

Change in quality of life between before and now about:



Source: Survey to people with disability using accommodation support options July 2013
 Note: n=28-32. For details see Table C.9.

Figure 6.6: Change in quality of life of person with disability, family survey, Drop-in Support, per cent



Source: Survey to families of people with disability using accommodation support options July 2013
 Note: n=13-19. For details see Table C.13.

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS programs, and responses were spread across these programs so that samples sizes were too small for analysis of separate programs. Most managers who responded to the survey rated their support option as effective or effective in supporting people with disability to achieve the following outcomes:

- Living in a homely environment with possessions of their own choosing
- Developing and maintaining relationships with friends and family
- Living a self-determined life by making choices
- Having opportunities to acquire new skills
- Engaging in meaningful activities
- Interacting with people in the broader community

- Being informed about rights in order to exercise them
- Having best possible health
- Emotional wellbeing.

Most managers who responded to the survey also reported that the accommodation support option service was effective or effective in supporting families and carers of people with disability in the following domains:

- Their relationship with their family member with disability
- Their level of involvement in their family member's living arrangements
- The supported accommodation funding or planning options available to their family member.

6.2 Self determination

Since I started the program I kind of learned to live more independently and kind of understand when you have your parents it's different and if you live by yourself it's a lot harder (ILSI, person with disability)

Overall the ILDIS and ILSI programs offered people the flexibility of determining and managing their own, individually devised goals, which they could regulate with their support worker and/or family. With support, they learned how to manage these new responsibilities. Involving people in the recruitment of their own support workers facilitated matching of personalities, described below.

ILDIS

Choosing personal goals

Within the ILDIS program, people spoke of being able to determine their own goals, and support workers encouraged people to consider options for additional activities. Additional activities were, however, limited by how the ILDIS funding rules were interpreted. For example, at the six-monthly planning meeting one person reportedly indicated that one of his future goals was to start guitar lessons at a local college, however, he was advised that this would not be covered through ILDIS.

Choosing services

ILDIS appeared to offer an effective option for younger people to support them to achieve more self-determined independence, and the data suggested good outcomes in this respect. With participants who were ageing it appeared harder to provide an appropriate level of support for increased independence and engaging in activities.

One participant received a letter of acceptance into NDIS. He stated that he would like to keep both his support workers and activities going when he moved to NDIS, however he would need additional hours of support.

Choosing daily routine

One person who had moved from a group home indicated he was now 'the boss here', adding that he never had the chance to cook or do anything he wanted to do when he was living in the group home. He said he was now able to enjoy:

watching his own show in his own lounge room.

No one commented on choosing where and with whom they lived or making choices about life stage transitions.

ILSI

Choosing personal goals

Participants in the ILSI program were able to make choices about what they wanted to achieve both in their home and the wider community. This enabled an increase in social independence, and encouraged willingness in participants to gain new skills, achieve their own goals and have input into their own, self-determined future. People and families report that this has led to increasing levels of skill and confidence. Many are now able to look back at what they have already achieved and use this to help them overcome any challenges which arise as they move into new areas of self-determination.

ILSI has enabled many people to 'do more exciting things in life,' as one person with disability said. For example, people were able to plan an overseas holiday, express a desire to learn another language, take up a musical instrument, become a public speaker, learn computer skills, or set up their own business.

A barrier to increased self-determination arose where the articulated needs of the participant's family were at odds with those of the participant. Such conflict occurred when people made decisions to complete tasks and activities by themselves, but the family were not ready to decrease previous levels of support. Usually these conflicts were resolved and most families were supportive of people's decisions to choose what they wanted or did not want to do. In some instances, once people had learned to confidently express themselves, they were able to overcome any reluctance from family members.

Choosing where and with whom they live

Most people in ILSI indicated they lived in their preferred accommodation option, including privately owned, privately rented or social housing, or with family, either in the family home itself or in studio apartments or secondary dwellings adjacent to the family home. ILSI support enabled some people to move into their own accommodation.

Choosing daily routine

ILSI assisted people to become more independent of their families, by developing or enhancing their daily living skills, moving into their own accommodation, managing their day to day activities, accessing or managing their own money with key cards, paying their bills, and purchasing their own groceries.

Implementing ILSI was more difficult in shared accommodation where people had less choice and control in their daily lives, including whether they could lock their rooms or prepare their own meals.

No one commented on choosing services and on making choices about life stage transitions.

6.3 Personal development

I like where I live. I learn lots of new things. I am listened to (ILDIS, person with disability).

Most people made significant steps in their personal development. This included learning domestic skills and travel skills, using mainstream community facilities, attending courses and working.

ILDIS

Acquiring new skills

Most people were improving their personal development by learning independent living skills such as meal preparation, grocery shopping, travelling on public transport and money management skills including banking and bill payment. One participant who moved out of a group home was delighted that he could now cook for himself, using his own oven, something he was not able to do when he lived at the group home. He also did his shopping by himself. Although he had acquired basic domestic skills before he started the Drop-in Support program, the training provided through ILDIS improved these skills to the extent that he was now completely independent.

Difficulties arose when people did not know how costs were allocated or when they did not appear to accurately keep track of their money and budget. It was difficult to determine whether they were receiving adequate support with this. Some families felt that funding that was managed by the Public Trustees or the nominated support organisation did not always provide the person with adequate funds to meet their support needs.

Realising personal goals

Travel skills learned through ILDIS support were used to visit art galleries, friends and relatives or to go on holidays. For example, one person travelled to Melbourne where she stayed for a few days and went to see a show.

Engaging in meaningful activities

Some people attended cooking classes and gym sessions, which were run by disability organisations. Other people engaged with mainstream services, for instance going swimming at the local pool or using the resources at the local library.

Education, training, volunteering

Some support workers assisted people to think about returning to work, or improving their levels of literacy and numeracy, while others helped people to improve their problem solving skills.

ILSI

Generally, in ILSI it appeared personal development outcomes depended on the quality of the support staff employed to work with the participant. Incremental development of domestic, personal care and academic skills occurred where the worker provided appropriate support. In addition, finding a worker appropriate to the participant's needs was critical. One participant who used to engage in social activities with a worker from another program was not able to continue as his new worker would not support him with the activities in which he wanted to engage. Another person wanted to go fishing but the provider could not match a worker prepared to work early in the morning.

Acquiring new skills

Most people received support through ILSI for skill development with meal preparation, other domestic tasks, shopping and money management, while some received support to develop their personal care skills. Because of the input from their families, some people had already acquired some of these skills prior to the funding packages starting, but grew in confidence as their skill levels improved further. This confidence building also extended to decision making when, after a time, support workers observed greater confidence in people making their own decisions without reference to their families or the support workers.

Improving literacy, numeracy and computer skills were other areas of personal development articulated by people, and these more academic skills also encouraged use of the local library for books, newspapers, audio books and computers.

Realising personal goals

Acquiring independent living skills was essential for people whose goal was to live on their own. The ILSI Drop-in Support package followed people when they moved, for example by starting the support when the participant lived in the family home and transferring with them when they moved into their own flat. The packages increased to meet the additional needs of people arising from a more independent lifestyle and if their needs changed. One person with disability said:

I am in the process of moving out and I am so much happier with the outcome. I have friends and family living close by and my next step is going for my driver's licence and becoming [sic] a paid job.

One family reported a problem negotiating an appropriate level of support within the ILSI package for a participant with some independence but who needed more support to move to independent accommodation. An ILSI family member said:

she hardly needs the funding at the moment, [but] when the transition comes to her new home she is likely to require it more.

Travel training provided through ILSI enabled people to participate independently on a holiday with friends or enjoy a supported holiday.

Engaging in meaningful activities

Many people attended day programs and social activities run by disability organisations including bowling, discos and other social events. Some people were encouraged to engage with mainstream organisations and attended courses at the local TAFE. Examples included a cake decorating course and art classes, a community based line dancing class, cycling, horse-riding, attending church on a Sunday, and joining a photography group run by the same church. One participant was supported to enter an art competition and won a prize with her entry.

Education, training, volunteering

Support workers assisted people to consider or return to paid or voluntary work. One person worked for a cleaning contractor following the increase in his domestic skill development, while another worked as a volunteer at a disability organisation. Travel training provided through ILSI was essential for people who worked and who needed to catch public transport.

6.4 Rights and autonomy

Treated fairly and with dignity

The ILDIS and ILSI packages promoted attitudinal change among most support workers, which ensured they worked with people in respectful and dignified ways. People commented on how much they appreciated the fair and respectful treatment they received.

ILDIS

Exercising rights and being informed about them

People in ILDIS generally felt that support staff took care to inform them about their rights.

Having time, space and opportunity for privacy

People felt their privacy was respected. Many people lived in their own home and received support to live independently in ways in which they were comfortable. They had the autonomy to determine who entered their personal space. One person said:

When I first opened up the door, I knew that this was it, was freedom ... these days I've got a smile on my face, got my own food and can come and go as I please ... I'm just loving it.

Being supported in making decisions

Most people appeared to have a sound understanding of having the option to make their own choices, and who would be able to support them in making those decisions to continue living more independently.

ILSI

Exercising rights and being informed about them

People in ILSI generally felt that they were informed about their rights and able to exercise them. One person indicated his satisfaction with the level of support he received while his partner was at work, adding that he was able to request additional support when he wanted to do additional activities. Another person indicated that having the ILSI package enabled her and her partner to become more independent in several activities, which prior to ILSI, used to be undertaken by another family member. This resulted in a significant change in her life, and she was proud of her increased autonomy.

The opportunity for people to choose their preferred options reduced conflict between some people with their family members, but it also created conflict in some families who found it difficult to allow the person whom they had supported throughout their life to have more autonomy. One participant lived in a restrictive family environment and appeared not to be able to exercise autonomy and recognition of her rights.

Having time, space and opportunity for privacy

People had chosen a range of living arrangements. Some people lived in self-contained accommodation attached to the family home. They had the opportunity to choose how to organise their day, the level of support they required and the amount of contact with their family. If in the future they requested further independence they could move to a more independent setting with funding to provide the necessary support. People felt their privacy was respected.

Being supported in making decisions

People said they felt able to have a say in the planning and decision making process. For example, some support staff presented ideas in a range of ways, so that people were better able to understand. One person said:

Everyone explains everything to me and when I do not understand my support workers explain it in a different way so I can understand it which is good.

The support workers also encouraged people to think about different activities and areas for skill development.

No-one commented on deciding when to share personal information.

6.5 Material wellbeing

Most people using the ILDIS and ILSI packages reported no change in their material wellbeing, because the package goes directly to the Drop-in service providers to cover the cost of support but generally not material goods. Several people moved to their preferred housing since receiving the Drop-in packages. Families and support workers assisted them to find housing and settle in.

ILDIS

Possessions

Some people were assisted by their family and support workers to furnish their new home.

Income

Although some people had their finances managed by their family or the Public Trustees, some had access to money for their grocery shopping and personal pursuits including music lessons and holidays.

Homely environment

The living situations for people using an ILDIS package ranged from living in the family home, in self-contained accommodation attached to the family home or in accommodation provided by NSW Housing. Some people aimed to move to more independent accommodation, but they still wanted to remain within the local area where their family, friends and social supports were located. However it was not clear to many people and families whether extra funding would be provided in the ILDIS package to allow for the additional support required when they moved to their new home.

One couple were living in public housing – an apartment with a balcony where they could grow pot plants. The support worker assisted them to manage housing problems, such as noisy neighbours, security, and reliability of the lifts.

ILSI

Possessions

Some people had their own furniture before starting on the ILSI program. ILSI support workers and family members assisted people to obtain personal items to furnish their new home or engage with new recreation activities. One man was looking at buying a new

computer but in the meantime was provided with an old one through a family member, so he could use his money to buy much needed furniture. In some circumstances the ILSI money was used to fund specific items, such as a vacuum cleaner.

According to one participant's support worker, prior to commencing the ILSI package, the participant never bought new clothes and always wore second hand clothes. The ILSI support facilitated her to choose new clothes. She was encouraged that the new approach helped her in the local community.

Income

Many people in the ILSI program worked full or part time hours in mainstream employment, a government department or disability workplace. Many of these employment arrangements were in place before the ILSI support started.

With the ILSI package some people received support in budgeting and spending their income for their personal use. For example, one participant's wage was paid fortnightly into a bank account, which he accessed with his key card. He developed that skill with assistance from his support worker. He used the money for his personal use, paying off his layby and paying for his line dancing class.

Another participant accesses the earnings from her job using an EFTPOS machine, which she learned through her ILSI package. According to her support worker, she learned to manage her budget, do her grocery shopping, collect her medications from the local chemist independently, and pay for it all using her card. Her pension went to a separate account managed by her sister who had power of attorney.

Homely environment

People using ILSI lived in a range of living arrangements, including rented apartments or their own house; and accommodation close to their family, such as a granny flat on the family property or a studio inside the family home. In some instances, the arrangement was in place before ILSI became available. In others, support through the ILSI package and service provider helped organise the preferred accommodation. Support workers assisted the person, for example by filling out application forms for public housing, or by unpacking boxes and helping with daily chores. All people interviewed lived in comfortable, homely accommodation, often having decorated it themselves, and with ongoing maintenance managed either by their family or the ILSI service provider.

6.6 Social inclusion

Overall the ILDIS and ILSI funding led to an increase in people's social inclusion, by assisting them to participate more frequently in community activities and form social connections in their local community. People using Drop-in Support used disability-specific and mainstream activities, usually depending on their preferences. As a result, family and friends observed increased social skills and confidence.

Participating in activities increased social connections, for example with volunteers who assisted people to increase their skills. These working relationships developed over a range of areas including computer skills, arts and craft, indoor bowls, line dancing, aqua aerobics, TAFE courses and other sporting or social activities. In addition, many people developed friendships when they attended social activities, especially shows and local dances. In these situations, they were initially supported by workers, and formed friendships over time.

Living in an integrative environment

Increased social interaction opportunities for people in both ILDIS and ILSI, were noted by service providers, community organisations and local business owners, who indicated increased awareness and understanding of the needs of people. As a result, offers were made by mainstream community organisations and local businesses for people to be involved in a wide range of activities. For example, one participant entered their art work in local and regional exhibitions, and in another area service providers formed a partnership with Medicare Local to run ongoing workshops for people to improve their health.

ILDIS

Participating in the life of the community

The support workers who participated in the focus groups felt people who used ILDIS experienced improvements in social inclusion. The funding enabled people to attend more excursions and social activities, even in rural areas.

Interacting with others in the community

People could interact with others when they made that choice through their community activities. ILDIS support workers appeared to respond to individual preferences about the amount and type of interaction people wish to be involved in. For example, one person enjoyed interacting with other people and having a coffee at her favourite café while she was shopping. Another person who moved from a group home maintained her links with old friends and attended church regularly with them.

Other people preferred the choice to spend time on their own. For example one man liked to spend much of his time at home, rather than doing many activities in his local community other than participating in a disability bowling league. He could travel independently on public transport and chatted with staff at his local station to learn about track work or other disruptions. In this way, he used public transport as a community based leisure activity and spent time travelling the different routes from his local station.

Employment

Some people had worked in a supported workplace for longer than 5 years, usually travelling to work and back by public transport. Others worked in different employment settings including open employment. These activities preceded ILDIS support.

One woman received assistance from the ILDIS support worker to develop her computer skills, with encouragement to return to work.

ILSI

Participating in the life of the community

Regardless of where they lived, a key purpose of ILSI was to help people increase their community participation. People enjoyed a range of activities and developed friendships within those activity groups. Sometimes these were disability specific activities organised through a support agency or another disability organisation, sometimes they were mainstream activities, such as TAFE art classes, learn to swim classes, going to see a movie, having coffee or dinner in town with friends and family.

One participant who travelled independently 2 hours each way to work every day also engaged with mainstream activities and education courses. She participated in art classes, literacy and numeracy classes, touch typing courses and equine care courses, all through

the local TAFE. She had not yet developed any close friends outside her family circle.

Another participant who worked 4 days per week in a supported workplace used his work-free day to develop new skills out in the local community, such as learning how to use an ATM, collecting his own prescriptions from the pharmacist, and using lay-by for larger purchases. Most of his social activities were disability specific. In addition, he attended the local movies and has coffee with family friends.

People and families mentioned two barriers to increased community participation: inflexible service providers and lack of affordable housing. One participant wanted to move from disability-specific to more mainstream activities, saying:

I am not with them anymore – it was time for me to move on.

She tried to negotiate, with the assistance of her parents, for an ILSI support worker who would assist her, for example to go see a play at a theatre, go for coffee or similar. The parents reported the service provider struggled to know how to provide the requested service to their daughter, 'as she is quite independent in most basic domestic tasks.' It appeared the provider had difficulty providing support outside the narrow parameters of basic independent living skills. Another mother felt that because of a lack of social housing in the area, her daughter:

... is not really included in local community, and ... has not got any friends here.

Interacting with others in the community

ILSI support workers tried to offer options to people to interact with others in the community in the way in which they are most comfortable. For example one woman attended special group outings, including camps, with the support of her workers, while another participant preferred one to one community activities, rather than with a group of people.

Since commencing his ILSI support, another man travelled independently on his local buses and knew and chatted with many of the regular bus drivers. Otherwise he preferred to participate in organised social activities run by local disability organisations.

One person learned to use a computer with a volunteer organised by the ILSI provider at the provider's office. The support worker thought the person and the volunteer developed a positive relationship through these regular computer sessions.

Living in an integrative environment

A supportive attitude from the local town and a creative approach by the support providers seemed critical in ensuring people were able to positively engage with the local community. One woman was an artist and negotiated with the assistance of her support worker to display her art works in the local coffee shop. They hoped to broaden the scope by encouraging other local shops and businesses to purchase her work and display them in their premises.

Employment

Many people on the ILSI program worked full or part time hours in a mainstream workplace, a government department or disability workplace. This employment had been in place prior to the ILSI packages.

6.7 Interpersonal relations

Overall ILDIS and ILSI both assisted people to maintain family relationships and existing friendships. New friendships started through participating in community and social activities organised through ILSI and ILDIS, and support workers assisted people to establish these friendships. Relationships with support workers were mostly positive, with people appreciating workers who were flexible and trustworthy.

ILDIS

Having friends

One of the support organisations tried to match people with others who had similar interests when they set up activities or supported living arrangements, for example having a cards night or watching a football game within a shared house. In this way the support workers felt it was easier for people to forge friendships and make social connections.

In other cases ILDIS has supported people to maintain established friendships. A woman who had recently moved away from her family home and community wanted to catch up with the long-term friends she made while using a local respite home. Since her family felt it was impractical for her to see these friends outside of the respite facility, they organised for her to spend a couple of nights there and catch up with her old friends. In the meantime she was getting to know her new neighbours.

Having intimate relationships

One person was in a long-term relationship. This relationship was from prior to receiving support from ILDIS.

Contact with family

All current participants in ILDIS were in contact with their families. Support workers assisted them to travel to see their families. Families found it reassuring knowing that the person with disability was appropriately supported through ILDIS and that they could hand over some responsibility. An ILDIS manager said:

[the ILDIS package] gives them a bit of a break too ... and it is peace of mind [for the family member].

Parents felt the program supported family relationships by allowing their family member to become more independent and achieve goals they determined themselves, rather than goals that were determined for them. As some families had no contact or little contact with support services before this program, many families were relieved to know that their family member will be supported after they die.

Family members continued to give support in whichever way was needed. One participant's sister, for example, was an informal guardian, maintained regular contact and travelled to assist with budgeting and bills and to attend support planning meetings.

Engaging with staff

Relationships with support workers were generally positive. One participant who moved into a block of units developed a good working relationship with his support workers whom he felt gave him good ideas and were interested in how he enjoyed his life. He said:

They're the best... they give you good ideas... for example they have a chat about what to do on the weekend.

He said he would not know where he would be without the support he received from his workers since moving to his new accommodation.

Having recently received a letter to say that he was accepted into the NDIS, another man said this has caused anxiety because his future was unknown. He was well supported by the current providers and would like to stay with them when he transferred to the new scheme albeit with an increase in support to be able to do more activities.

ILSI

A circle of support (family and friends) was seen as a vital part of ILSI, although sometimes there were difficulties trying to establish the circle when family members did not participate. Reasons included some ageing parents who were unable to understand why their family member would need a circle of support or where siblings were not involved in the person's life.

Having friends

Some people developed new friendships through ILSI, mainly through engaging in varied social and community activities. One person, for example, made friends at a local dancing class. Several people received support to establish new friendships by organising social events including musical evenings, theatre outings and birthday parties. Another person developed an e-mail friendship with someone he met through ILSI.

Other friendships predated the ILSI program. One person, for example, maintained her friendship network with people with whom she went to school, and sometimes they stayed together. She maintained ongoing contact and phoned regularly.

Making friends could be a daunting task and engaging people in the process appeared critical to achieving success. One father encouraged his son to develop a friendship with someone his son recently met and who appeared to share similar interests. The father said, 'we will encourage that as much as we possibly can' and if this friendship failed to take off they would make another attempt.

Some people acquired pets, which provided companionship and opportunities for skill development. One person got a dog to which she formed a strong attachment. The family said:

The dog is the best thing that happened to us ... [the] dog helped her to learn to take more responsibility.

Another person who found it difficult to make friendships outside the family said she wanted a pet. The participant, family and support worker were negotiating this.

Having intimate relationships

One couple who both had ILSI packages were nurturing their relationship by planning to have a few nights away to celebrate their wedding anniversary.

Contact with family

Almost all people were able to maintain good relationships with their families, including where people moved into their own home. Support workers assisted people to maintain contact and visit their families.

In some cases, ILSI support helped to re-establish family contact. Through the program, one man was able to visit his birth family after separation for several years due to distance.

Another man made new regular contact with his mother, facilitated by his support workers. Re-establishing family contact sometimes caused tension with other family members. The father of a woman in ILSI felt that her attempts to re-establish a relationship with one of her brothers, with the assistance of ILSI support workers, caused her to display difficult behaviour. Her father felt any behavioural issues were exacerbated by the person centred philosophy of the ILSI program, which he felt did not take into account the impact on other family members. Support workers needed relationship skills to manage such tensions.

Engaging with staff

Most people in ILSI reported that they had good relationships with their support workers. One person described their support staff as, ‘fantastic ... full of ideas ... and helpful;’ or they said, ‘The best thing about ILSI is to spend time with my support workers.’ Other people appreciated that their support workers took a flexible approach to their needs and would change their times to accommodate them, including working on weekends. One woman said she:

Can get help from her whenever I need it [...] she is always on call.

Trust was an important component of relationships with support workers. One person indicated that should he encounter any conflict at work, he would seek assistance from his support worker to resolve the conflict.

Another ILSI participant said her interpersonal relationships improved because she saw a psychologist who encouraged her to talk and to express her emotions more. This also helped her to develop insight into her family relationships. A family member described this as an:

Interesting period of self-development which provided her with self-recognition and self-management skills.

One negative experience with staff was reported in the interviews. One of two support workers from a service often arrived late. The person with disability had told the worker he did not like it when he arrived late, but the problem remained. The family had not made a formal approach to the service about the problem, because the person was worried about jeopardising the service.

6.8 Physical wellbeing

Both ILDIS and ILSI focused on improving people’s health. There were numerous examples where support workers assisted people to improve their health by adjusting their eating, exercising and attending medical appointments. Support for improved personal hygiene was also reported. Physical wellbeing aspects such as personal safety and feeling relaxed and comfortable were rarely commented on.

ILDIS

Having best possible health

The person centred approach of ILDIS appeared to have enabled support to improve people’s individual health problems. Support workers facilitated healthy lifestyle choices, for example assisting people to participate in exercise programs, making healthier food choices and attending regular medical appointments. For example, since starting with the ILDIS program, one person saw his neurologist and psychologist regularly, and after a change in his medication found his balance and mobility improved. His support worker attached a

Bulletin Board to his wall showing all his medical appointments. For another person, healthier eating was combined with twice weekly gym sessions organised through a disability organisation where personal trainers took him through his individualised program. He said:

Without the girls from [the service provider organisation] I would not have got this far.

Prior to their entry into the ILDIS program some people were living with sick partners or family members whose needs tended to override their own needs. Once they received ILDIS support and focused more on themselves, their overall wellbeing and general health appeared to improve, as they started to make more healthy choices, participate in exercise programs and enjoy respite services.

No-one commented on being safe or feeling relaxed and comfortable.

ILSI

Feeling relaxed and comfortable

Two people said they felt more relaxed and comfortable with their current support workers compared to the previous ones. One person moved to another location and changed provider. He enjoyed his new environment and support workers, who were responsive to his needs. He said he felt:

More comfortable and relaxed because when I have a problem then I know that I can talk to the support workers and they can talk to their boss.

Another woman liked her current support worker, and in contrast had experienced a difficult relationship with her previous workers. She said:

The help I got before was not nice ... I got angry with this service provider as they did not listen ... they were not responding to what I needed ... did not pay attention.

Having best possible health

Funding for the ILSI program enabled support workers to monitor people's health, arrange medical appointments and support healthy lifestyle choices. Service providers commented that this kind of support was particularly important for people who had moved out of a group home, where they had less control over their diet. Several people gave examples of how their support workers assisted them to improve their health. One person was supported to reduce her calorie intake and lose weight, another went swimming, and a couple on the program had already lost weight because they were cooking healthy meals themselves rather than eating processed foods.

No-one commented on being safe.

6.9 Emotional wellbeing

People, parents and support workers reported that the emotional wellbeing of most people using ILSI or ILDIS had improved. Often this happened because the programs encouraged more interaction with the wider community and more independence in people's daily lives. This in turn increased people's confidence, social skills, social inclusion and ultimately emotional wellbeing.

People's family members commented on their own emotional wellbeing, expressing a variety of attitudes towards the ILSI and ILDIS programs. At the beginning, some families were hesitant to be involved, often because they were reluctant to relinquish their responsibility. Many were excited about the opportunities the programs offered. After some time with the programs, many families enjoyed the benefits of their adult children having more independence and control over their lives. Most families had taken a step back and took breaks from supporting their family member.

One parent indicated she was now able to go to a coffee shop and enjoy time by herself without worrying. Some parents reported they had taken a honeymoon knowing their child was well supported while they were away. At the other end of the spectrum some families experienced feelings of loss of control over the person with disability's life. Others had maintained partial involvement, such as remaining involved in their medical concerns. One of the service providers indicated that two families who were anxious initially, now appreciated the positive outcomes of the program. They were also confident and relieved that the support for their family member would be available when they were no longer there to support them.

ILDIS

Having natural support networks

Many people in the program had support networks that they could call on when needed. These developed independently of ILDIS and often involved family members. For example, one woman had a close relationship with her mother and rang her whenever she experienced any difficulty, and she stayed at her mother's house when she was unwell.

ILDIS support workers tried to improve networks where they saw gaps, often through involving people in community activities or work (see social inclusion above). One person in the program had a partner, friends from her old group home and her support workers, yet she spent a lot of time at home and did not appear to enjoy her regular activities. To prevent further withdrawal, the support worker encouraged her to consider returning to work because of the structure, routine and social contact it would provide.

Feeling respected

No-one commented directly on feeling respected as part of their emotional wellbeing, however sections above reported people's relationships with support workers, which indicated that most people felt respected, especially where support workers used person centred approaches.

Having a stable and predictable environment

Two people spoke about the need for stability and predictability in their lives and how this need was met through ILDIS support. One man said how much he preferred living in his own unit with ILDIS support compared to living in the group home before. He said in the group he:

[in the group home I] was all over the place, I could not think straight and felt depressed. [As a result of the new accommodation and the support provided through the ILDIS program I had] peace of mind and a lot happier than what I've been.

Another man's support worker commented that he liked to know in advance if there were any shift changes so he could rearrange any of his activities. He was also anxious about the predictability of his disability support. He was accepted into the NDIS and was concerned he

might lose his current services, provider and support workers with whom he had developed trust. The support worker tried to use his skills to reduce his anxiety.

Feeling safe

One person in the program commented about feeling safe. Frequent break-ins occurred in the apartment block where she lived, but she said she felt safe taking regular walks for exercise in the vicinity.

ILSI

Having natural support networks

Many people using ILSI had support networks that they could call on when needed. These had been developed before ILSI and often involved family members. Several people, for example, had supportive families and appeared happy with the activities in which they participated with ILSI support. They felt the ILSI package had not influenced their emotional wellbeing at this stage.

Other people obtained additional support through ILSI, which improved their emotional wellbeing. A few people, for example, accessed psychological therapy that had helped them manage their emotions and behaviour.

Several people described supportive relationships with their workers, who provided flexible support according to the person's needs. One person's support worker, for example, used to drop in once a week to provide skill based training. This became redundant after the person achieved independence in this area, but the worker continued to drop in to provide emotional support, such as discussing conflicts at the person's workplace. Another person said she could ask her worker for help at any time she required assistance.

Feeling respected

One participant indicated that being on the ILSI program made her feel better because she:

Is doing a lot more things than I used to do [and I] feel more comfortable with people that respect me.

According to another woman's support worker, she felt more respected since receiving ILSI as, 'They do not have to feel like a child.' One man indicated he felt more respected by other people, including his parents, since moving to live on his own, because of his greater level of independence.

Having a stable and predictable environment

Several people commented on how important it was for them to have a stable and predictable life, including routines and anticipating events, activities and visits from support workers. Sometimes people's lives were stable since before ILSI. One couple, for example, had worked at their current workplace and lived in their home for over 15 years and benefitted from the familiarity. One person said obtaining his own accommodation and improving personal resilience, as well as having his neighbours and support workers, had given him stability. He said:

I could not be any happier ... they are helping me fantastically and my family thinks the same.

Support workers indicated they tried to create a predictable environment and were using different tools to structure the days and weeks. For example, they made To-Do lists and

week planners with the person. One mother described her daughter as being organised, which she achieved by keeping a diary so she had a clear idea about her timetable for the week. Her support workers assisted by emailing through her plan for the week, and the parents printed and stuck it on the fridge.

Some families reported that the ILSI service providers did not provide a stable and predictable environment. One mother said that workers were often late, and there was no formal plan in place for service delivery. The mother emphasised that her son needed consistency and a regular routine to function well. She was concerned that any skills her son had developed were becoming lost as he was not given the opportunity to practice them. Although the son was excited about the program, his mother was now concerned that he was losing trust, willingness to participate and personal confidence. As a result they were at a point where she said they, 'wanted to give up and throw the program away.'

No-one commented about feeling safe.

6.10 Summary of participant outcomes of Drop-in Support

Within the caveats about small sample sizes and recruitment methods, findings about outcomes were fairly consistent across survey and interview methods, and across people, families and managers. Overall, ILSI and ILDIS achieved positive outcomes for most people. The programs assisted many people to increase self-determination in their lives, to further their personal development, and to improve social inclusion as well as physical and emotional wellbeing. Most people felt their rights and autonomy were respected.

Outcomes were most positive where service providers were responsive to people's preferences, flexible and reliable, and where they gave people adequate information and support with managing their budget. Younger people found it easier to make choices than older ones. Some families impeded positive outcomes by resisting the person's increasing autonomy. The support did not affect material wellbeing directly, but workers assisted people to find and furnish accommodation and manage their incomes. Neither program focused on increasing employment opportunities.

Self-determination: ILSI and ILDIS offered people the flexibility of determining and managing their own, individually devised goals and daily routine, which they regulated with their support worker and/or family. Involving people in recruiting their support workers facilitated matching of personalities. Making choices was easier for younger people. It was hampered for some people by restrictions on activities the funding could be used for, and by initial resistance from some family members.

Personal development: Most people made significant steps in their personal development. This included learning domestic skills and travel skills, using mainstream community facilities, attending courses and working. In ILSI it appeared personal development outcomes depended on the skills of the support staff to enable continuous development and their availability to support people with their preferred activities. One family reported a problem negotiating adjustments of funding level to people's changing needs as they developed more independence. Others had a lack of information about cost of services or budgets managed by the provider.

Rights and autonomy: Most people felt that their rights and autonomy were respected. They were treated with dignity, their privacy was respected, and they felt supported in making decisions and increasing their autonomy. These positive outcomes were facilitated by an attitudinal shift among some support workers. A few people's rights were restricted by family members.

Material wellbeing: Most people reported no change in their material wellbeing, as the majority of the package monies went directly to the Drop-in service providers, and the packages covered support but generally not material goods. Several people moved into their preferred accommodation since receiving the Drop-in packages. Families and support workers had assisted them with finding accommodation, furnishing and settling in. ILSI and ILDIS also supported people to manage their income.

Social inclusion: The ILDIS and ILSI led to an increase in people's social inclusion, by assisting them to participate more frequently in community activities and form social connections in their local community. Drop-in participants were supported to engage with disability-specific and mainstream organisations, and to enjoy organised and spontaneous activities. Both programs appeared to be responsive to individual preferences about the amount and type of interaction people wished to be involved in. As a result, family and friends have seen improvement in social skills and confidence. People and families mentioned two barriers to increased community participation: inflexible service providers and lack of affordable housing. On the other hand, inclusive attitudes among service providers, local organisations and businesses facilitated social inclusion. Neither program appeared to have a focus on increasing employment opportunities.

Interpersonal relations: Both programs assisted people to maintain family relationships and existing friendships and support workers helped in whatever way was useful, for example enabling regular visits and long-distance travel. Family members found it reassuring to know that the person with disability was adequately supported to become more independent. In rare cases support workers needed to manage tension that emerged due to shifting family relationships. New friendships started through participating in community and social activities organised through ILSI and ILDIS, and support workers assisted people in establishing these friendships, for example by helping to organise outings and birthday parties. Some people decided to acquire pets. Relationships with support workers were mostly positive, with people appreciating the workers' flexibility and trustworthiness. Power relationships were sometimes a problem where one support worker was routinely late but the person and family dared not take this up with the service provider for fear of jeopardising service provision.

Physical wellbeing: Both ILDIS and ILSI focused on improving people's health. There were numerous examples where support workers assisted people to improve their health by adjusting their eating, exercising or attending medical appointments. Support for improved personal hygiene was also reported. Other physical wellbeing aspects such as personal safety and feeling relaxed and comfortable were rarely commented on. Two people said their level of comfort had improved when they changed providers, as they felt the new support workers were responsive to their needs.

Emotional wellbeing: People, parents and support workers reported that the emotional wellbeing of many people participating in the ILSI or ILDIS programs had improved. Often this happened because the programs encouraged more interaction with the wider community and more independence in people's day to day lives. Many people had support networks that were developed before and often involved family members. Support workers tried to improve networks where they saw gaps, often through involving people in community activities or work, arranging professional psychological support, or providing emotional support themselves. Support workers also tried to meet people's need for stability and predictability in their lives, for example by making weekly plans. Unreliable workers caused emotional stress for some people in the programs. Family members expressed their own attitudes towards the programs and the effect on their wellbeing. Most people enjoyed the benefits of their adult children having more independence and control over their lives. Parents in particular appreciated more free time for themselves and less worry. Some parents found it difficult to relinquish control.

7 Accommodation support provided through Drop-In Support

This section presents findings from the interviews with people with disability, families and service providers about the features of accommodation support provided in the Drop-in options, according to the program logic:

Accommodation support provided through Drop-In Support

Arranging or providing a preferred place to live in the community – home, location, co-tenants

Arranging or providing support as needed to live there

- Practical support
- Skills development
- Building and maintaining relationships
- Referral, linkage, brokerage and funds management
- Decision making support – to participant and family

7.1 Arranging or providing a preferred place to live in the community

I lived with mum and dad inside the family home, but now dad and mum built me a flat at the family home all separate but they paid for it. My fund only covers my program to become independent. My new flat is great and I'm loving it (ILSI, person with disability).

People interviewed who were accessing support through ILDIS or ILSI programs lived in a range of accommodation options including privately owned, privately rented or social housing, or with family, either in the family home itself or in studio apartments or secondary dwellings adjacent to the family home. Some people living in privately owned accommodation spoke of inheriting either the property, or the funds to purchase the property, from family.

Most people in the programs indicated they lived in their preferred housing. Receiving support through the programs had helped to facilitate this outcome for some people, especially where they were assisted to move out of their family home or a group home. A family member, whose son had moved into his own rental accommodation, said that the move would most likely not have been possible if he had not been receiving Drop-in Support. He was supported by his family to obtain a rental property as his service provider informed him that they were unable to assist with the process. He spoke of having an initial three month lease although this was extended. Another family member described how she had been a member of a local committee advocating for a group home to be built in the local area. Now she felt that receiving ILSI funding was a better outcome for her sister who was able to remain in her own home with support.

Support workers in the focus group said that the location of the housing was important in order for the options to operate successfully. Generally they felt that the housing needed to be centrally located, close to local shops and public transport.

One of the barriers in the ILDIS or ILSI programs was finding an appropriate place to live. The availability and choice of housing could be a challenge, and as one manager commented, finding suitable options in rural areas could be quite difficult, partly because of the limited availability of suitable housing stock and partly because of the cost of housing. Some people spoke of receiving assistance from support workers to apply for accommodation through Housing NSW.

Support workers also noted that staff in some group homes appeared to have a negative attitude towards the Drop-in programs. This negative attitude had reportedly resulted in some family members becoming reluctant to engage with the planning process for moving out as they thought it could fail. Support workers described how working with the family and the person throughout the transition period was important to the long term success of the move, and if parents were reluctant, the transition became more difficult.

7.2 Arranging or providing support as needed to live there

I really like where I live and how the ILSI is helping me. (person with disability)

Practical support

With the Drop-in services, practical support could be up to 35 hours a week, however the focus of the support differed along with the criteria for participating in ILDIS and ILSI. As people in ILDIS needed to be able to move out of home within the first 12 months, the providers worked with the people and their families to develop skills that enabled them to move out. At the same time they assisted them to find appropriate places to live. In the ILSI program, people could choose to remain living within the family home, which required ongoing work with the family to ensure the success of the program.

A manager with ILDIS felt that in order for people to be able to move out and maintain their tenancy, they needed practical support to develop skills in meal preparation, self-care and domestic tasks.

Providers felt that barriers to providing appropriate Drop-in Support arose in individual circumstances where characteristics of the person, their family or current living arrangements made it difficult to implement the ILDIS or ILSI program in a way which would meet their needs. An ILSI family member said:

Just a note – could be more comfortable in [the] new home sooner if we could have just spent a little more of the funding on modifications in kitchen/bathroom – as physical disability limited his use of kitchen.

Skills development

One of the service providers stressed that they tried to meet the specific needs for skills development articulated by people or their advocates. Many people already had some domestic skills, while others did not, and being able to provide a variety of skill development required a range of staffing skills. One person, who at the outset of the program was reluctant to move out, was assessed by the service provider who felt the reluctance related to her concern about travelling independently. As a result, the organisation initiated travel training, which enabled her to travel around her local area independently.

One service provider operated a 'domestic skill development house', and some people with Drop-in Support used their funding to stay at the house several nights a week in order to receive intensive training.

Service providers felt that challenges arose when trying to maintain skill development, especially when working with people aged 65-70 years. This group of people were only eligible for accommodation support funding and no longer for day program funding, so funding was often used for facilitating engagement in meaningful activities rather than maintaining skill development.

Building and maintaining relationships

Some support workers spoke of placing a strong focus on family involvement and indicated they made an effort to establish rapport with families. An ILDIS manager said that providing families with reassurance by saying 'we will keep re-evaluating' is seen as a way to manage the parents' fear, promote people's skills and reassure them 'that it's not going to fail.' One manager felt parents required a lot of support, 'especially with ILDIS', so the service organised a social event where parents could meet and share their anxieties with other parents. Another manager commented that once good relationships were established with families, parents were ultimately relieved to know that their adult children would be 'looked after once they are gone.'

If the people expressed a desire to find a girlfriend or boyfriend, some support workers felt that learning how to develop and manage a positive relationship should be a skill development area for ILSI and ILDIS programs. Support workers spoke of providing support to get to know other people from work or from a social activity in which the person engaged. A couple of support workers acknowledged that they found dealing with relationship break-ups challenging, but felt they needed to be involved for the emotional wellbeing of their people. A support worker said:

One of the biggest challenges is to say that we are not counsellors, but [our] clients have high emotional needs.

One support worker explained that they used a specialist local counsellor to resolve some of the relationship issues that had arisen.

Referral, linkage, brokerage and funds management

The manager of one service provider preferred to link people with mainstream rather than disability-specific services, and where possible with local employment services. Community links were further supported by this organisation's approach to staff recruitment. An ILDIS manager said, 'We tend not to broker.' They chose to recruit and train people in the towns and local communities where the organisation was based and the people would be living. In this way, the staff understood the local community and what options might be available for different people within that community.

The same manager indicated that the level of funding for ILDIS was sufficient suggesting that it is 'what you do with your money' that is important. However some people on the ILSI program were concerned that their funding went to the service provider, which had the potential to reduce their ability to make choices.

Some service providers found funds management difficult when people moved and staff travel costs increased. Providers sometimes used agency staff when their regular staff did not want to travel far for a two-hour shift. Travel costs were still met from block-funding arrangements but when funding became individualised the cost would fall on the participant.

Decision making support

Support with decision making for people and their families varied, with some being provided with decision-making support, and others not. One person using ILDIS said that he now made his own decisions with the support of his workers with whom he met regularly. Support workers and service managers made a range of suggestions and the participant then selected what he liked. He felt they gave him time to think about his choices. A parent indicated that their service provider made suggestions about the recruitment of staff, and were involved in decision-making processes.

7.3 Summary of accommodation support

Accommodation support through ILSI and ILDIS was effective for most people. Many people in the programs moved into, or already lived in, their preferred housing arrangement, and they received appropriate support there. Service providers and families needed to be responsive to people's wishes and work together to make accommodation support successful.

Arranging or providing a preferred place to live in the community: People generally lived in their preferred housing, which was sometimes facilitated through ILSI or ILDIS, for example where people were assisted to move out of the family home or a group home into their own place. Successful transition to independent living arrangements could be hindered by a lack of available housing or negative attitudes of group home staff or families.

Arranging or providing support as needed to live there: Both programs focused on providing practical accommodation support and developing independent living skills. Staff needed to understand people's individual needs to provide the appropriate support, and it helped if they knew the local community and the options available there. Service providers felt that building positive relationships with families was important, and they made efforts to reassure parents and reduce anxieties. Funds management could be difficult from the person and family's point of view where money went directly to the service provider, limiting people's choices. Service providers needed to adjust staffing levels to meet changing travel requirements when people moved.

8 Characteristics of Drop-in Support

The second aspect of the analysis is the characteristics of the SAEF options measured against indicators, summarised in Table 8.1.

Table 8.1: Characteristics of disability accommodation support and indicators

Characteristics	Indicators
Participants have choice, flexibility and control over support	- Providing accommodation support solutions to meet each individual's needs and circumstances - Portable and flexible funding arrangements
Person centred	- Individual support afforded to the person in order to achieve their aspirations, goals and needs - Respecting the person as a primary determiner by facilitating decision making and planning processes - Supporting early intervention by matching people with suitable accommodation options that meet the person's needs and aspirations
Strengths and partnership based	- An individual's strengths and capabilities guide the setting of goals and activities, which should be developed, wherever possible, through genuine partnerships between the person, their families/support people and service providers - Long term plans to achieve goals are turned into day-to-day activity (e.g. essential support summary, proactive strategies, protocols) - Shared commitment of all those involved in planning with the person, including paid and unpaid relationships - Practice Framework: active listening (e.g. the ability to capture verbal and non-verbal messages); positive language (e.g. praise and enthusiasm); choice and control (e.g. providing options and space to make decisions); plan of the day (e.g. routines, person centred plans, day structures); and active support (e.g. pro-active strategies, such as verbal prompts to increase independence). - Safeguards in a person centred system: creating a balance between maximising choice and control and ensuring adequate protection of the person's right to be safe. Elements include information and advice, assessment, planning, fund holding, support coordination, community linking and case management
Integrated and collaborative practice	- Service providers work in partnership with the person with disability, and with their consent, their families and carers, the broader community, information and advocacy services and other relevant services (e.g. health, education, employment, mental health)
Responsive to diversity	- Needs and aspirations of Indigenous people are respected and valued - Needs of people of all cultural, language and religious backgrounds are respected and valued
Age and life stage appropriate	- Supports and activities are suitable for the person's age and life stage and during key transitions
Quality assurance	- Continuous improvement – regular review, monitoring, adaptive and responsive - Staff development: opportunities for training, supervision, discussion, feedback, coaching and support - Sustainable support and funding arrangements: accessibility to individual, portable, client-driven and flexible funding types to ensure long-term support options

8.1 General findings about characteristics of accommodation support

Family members were generally positive about the characteristics of accommodation support, especially the appropriateness of the program for age and life stage and their level of involvement in their family member's living arrangements and development of plans for the future (Table C.11; Figure C.12). About 40 per cent of family members reported that there had been improvements in these characteristics of services (Table C.13; Figure C.14). Almost one-half of family members saw an improvement in their involvement in developing plans for the future, and close to 20 per cent felt there had been deterioration in how the person's cultural and religious needs were met.

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS options, and responses were spread across these options meaning that sample sizes were too small for analysis of separate options. The 10 managers who responded to the survey were a small proportion of all managers, and therefore their answers cannot be regarded as representative.

Most managers who responded to the survey agreed or strongly agreed with the statements that the accommodation support option that they provided achieved the following Stronger Together 2 priorities:

- People with disability are the primary determiners in supported decision-making and planning processes
- Supporting people with disability to have more choice and control over their accommodation funding or planning arrangements
- Working in partnership with people with disability, their family/support people to identify goals and activities that reflect the person's wishes, strengths and capabilities
- Providing support to people with disability that is appropriate to their age and life stage
- Providing a responsive and adaptable approach to meet the needs of Aboriginal or Torres Strait Islander people and people with culturally and linguistically diverse background
- Supporting people with disability through service integration and collaboration with other stakeholders
- Reviewing and monitoring service delivery on a regular basis to ensure its continuous improvement
- Providing staff with opportunities to develop and broaden their skills through training, supervision, coaching and other professional support.

8.2 Participants have choice, flexibility and control in accommodation support

When I first opened up the door, I knew that this was it ... it was freedom
(ILDIS, person with a disability)

When well executed, the flexibility in ILDIS and ILSI appeared to offer people choice and control over their accommodation support. Some people spoke of the benefits in being able to determine and manage their individually devised goals within their own time frame. Such an approach gave people the opportunity to regulate the assistance provided by their support worker and/or family. During the focus group support workers commented that, although funding for ILSI and ILDIS usually covered up to 35 hours of support per week, people might decide to use less support hours, with the option of hours being increased if their circumstances changed. Support workers noted that in some situations, this approach encouraged an increased level of independence in the person and reduced their reliance on family members. It also provided opportunity for people to have a greater say about what was important to them.

ILDIS

Providing accommodation support solutions to meet each individual's needs and circumstances

The number of interviews conducted was not sufficient to enable to draw conclusions as to whether ILDIS provided an accommodation support solution that met the needs and circumstances of each person. The amount of support received varied for the people interviewed, depending on their specific needs. Most of the people interviewed had been receiving support through ILDIS for a couple of years. One person described how he now required less support as he had become 'fully independent.' His support worker continued to visit regularly to check how he was managing rather than develop further skills. Another person spoke of how important receiving accommodation support had been,

Without the girls from [service provider] I would not have got this far.

He received 2-3 hours of support three days a week. This included support for domestic activities such as cleaning and cooking but also supports to manage his mood and anxiety.

Portable and flexible funding arrangements

ILDIS operated under a block funding arrangement with people generally funded for up to 35 hours of support per week. Managers and support workers spoke of using the available funding to best suit the needs and wishes of the people. A manager explained:

No matter what the style of funding is or where it comes from, we will always be totally flexible [in order] to meet the client's needs ... we will try and make the funding fit the client's needs and not the other way around ... we stretch things, as not everyone fits into a box

The manager said that individual packages, such as the SLF and IASP, provided greater opportunity for choice and control than the ILDIS option. Due to the small number of interviews conducted with people using ILDIS, there was limited information available as to people's experience of the funding arrangements. As previously noted, one person commented that he required less support now.

ILSI

Providing accommodation support solutions to meet each individual's needs and circumstances

The experience of receiving support through the ILSI option appeared mixed. Some family members and support workers interviewed spoke positively about the flexibility in support provision that was possible within the ILSI option. A team leader said:

In my opinion the major benefit of the ILSI program is the flexible support opportunity for the person with disability and their family. This flexibility takes stress and pressure off families as the program can run at the pace that they want it to run.

A family member spoke of the benefits of support workers changing shifts to accommodate specific activities that his son wished to take part in. Another family member spoke of the benefit of being able to choose support staff which ensured positive working relationships. As one person noted, she had four different support workers who were responsible for providing support in different domains of her life: one support worker helped with her art, another focused on budgeting and money management, a third supported her to find appropriate accommodation, while the fourth person was working with her on developing another of her interest areas.

Not everybody interviewed described positive experiences with the ILSI option in terms of providing support solutions to meet each person's needs and circumstances. Being provided with the opportunity to choose support workers was not an option provided by all service providers. Some family members described feeling frustrated, as they had experienced significant difficulty negotiating with service providers as to what accommodation support their family member with disability needed. A common issue raised was that support workers were not considering skill development beyond basic independent living skills. A family member said:

There is more to independent living than washing clothes and cooking food.

Family members also spoke about support workers not being sufficiently trained for the role of providing individualised support and families remaining responsible for facilitating goal setting and support planning. A family member said:

It has really been about hanging in there ... if it was not in his best interest I would have probably told everyone to go away.

The information gathered during interviews indicated that much of the success of ILSI depended on the service provider and the skill of the support workers in working with the person with disability and their families to determine how support was to be provided.

Portable and flexible funding arrangements

ILSI operated under a block funding arrangement with people generally funded for up to 35 hours of support per week. Not many of the people interviewed spoke about funding arrangements. One person described how he had previously received support three evenings per week, but as he became more independent his support hours reduced. He was aware that he could increase the number of hours again if required but was happy with his current level of support. A family member interviewed expressed frustration that he could not be provided with specific information about the amount of funding his son received. He was informed by ADHC that it was block funded for 10 people and not individual. The family

member did not feel that his son was provided with adequate support. Another family member spoke of wishing to change service providers as she was unhappy with the support provided but was told by ADHC that this was not possible.

8.3 Person centred

Person centred planning was positively received by people who took part in the interviews, most of whom spoke of having embraced the opportunity to become more independent. Due to the design of the ILDIS and ILSI options, support workers were able to spend the time necessary to see positive outcomes for people. One of the managers interviewed indicated they had seen some significant achievements, which had been rewarding for the person and the support workers. A support worker commented on how rewarding their role had become as they felt they were able to make a difference to the person's life by assisting them to become more independent and enjoy a fuller life. An ILSI support worker said:

My ability to develop and implement skills training has increased immensely as have my observation skills. Being able to meet and look at the 'big picture', working alongside the participants and their family has allowed me to provide the training required to suit both the individual and the family environment.

The feedback from a couple of family members interviewed was that person centred planning was well paced and flexible enough to meet the needs of the person and family. Not all family members reported positive experiences with ILDIS or ILSI in providing a person centred approach.

People, families and service providers did not talk about whether the options supported early intervention.

ILDIS

[she] enjoys her independence, her options about her daily choice ... can decide what social outings she attends and is not pressurised by staff
(family member)

Individual support afforded to the person in order to achieve their aspirations, goals and needs

The number of interviews conducted was not sufficient to draw conclusions as to whether the ILDIS option facilitated a person centred approach to the provision of accommodation support. One manager interviewed described how her organisation held person centred planning meetings with monthly reviews. The manager explained that this process helped to ensure that person centred planning was an ongoing and flexible process, allowing the person's support to change over time. A couple of the people interviewed described how when they initially moved into a place of their own they received support to develop domestic skills, however, since becoming more independent, support had shifted to helping them engage in leisure activities and develop social networks. As one person noted of his support workers,

they're the best, they give you good ideas, for example they have a chat about what to do on the weekend

Another manager interviewed spoke of support workers spending time planning when a person first commenced on an ILDIS option. The manager said, 'At the beginning, we are

doing quite a bit of discussing, exploring and talking [about] all the options that might be available to the person.’ The manager described how person centred planning required skilled support workers who were able to facilitate planning meetings in a way which brings out ‘the essence of what it is and what the person is looking to achieve.’ It was acknowledged that time needed to be taken to create positive working relationships with people and their family.

Respecting the person as a primary determiner by facilitating decision making and planning processes

A couple of the people interviewed were able to clearly articulate what their goals were and what support they required. One explained that he made decisions independently, with support workers providing suggestions for him to consider. Another spoke of receiving support from one of his siblings and his support workers when needing to make decisions, particularly larger decisions such as moving house. One of the managers interviewed spoke of observing an increase in independent decision making by people as their independence increased and they became more confident in expressing their opinion. A manager said, ‘[ILDIS] is fabulous, it gives them a chance to live their own life.’

The manager explained that planning meetings were held on a monthly basis and the person was encouraged to ‘run their own meeting with support.’ Another ILDIS manager commented that service providers also needed to build capacity for decision making,

It appears clear that we as service providers need to strengthen the clients/families to develop the capacity as the people receiving services to practice and experiment in exercising their right to control/manage their services with support that matches their need.

ILSI

I am achieving my dreams and I feel great (person with disability)

Individual support afforded to the person in order to achieve their aspirations, goals and needs

In the ILSI option, support workers spoke of being able to focus on developing person centred plans. One support worker commented that by focusing on a person’s goals, and providing them with the time needed to achieve their goals, support workers could build rapport with the person, which in turn enabled the person to develop trust with the worker. As another support worker explained, once she established trust with ILSI participants, ‘the sky [was] the limit.’ She noted:

Participants have shown me that even though they may have a disability their ability to learn new skills and decrease co-dependency is something they are willing to try and achieve.

People interviewed spoke of receiving support to become independent or more confident with domestic tasks, such as grocery shopping, cooking, budgeting and money management. Engaging in social activities and developing and maintaining relationships was another commonly reported area where support was provided, with one person describing his support workers as ‘fantastic, they are full of ideas and helpful.’

Some family members and support workers interviewed spoke of challenges in providing person centred support. Balancing the needs and expectations of the family with those of the person was reported to be challenging at times. As one support worker explained:

I've had to be careful negotiating with the family ... I've got to really work hard to go about it the right way to get her [person with disability] needs met and get the family on side.

A family member described the ILSI option as being 'too person centred.' From his perspective, the impact of increased independence and autonomy on the family and household dynamics was not adequately considered. A support worker spoke of the importance of regular communication with family members during this process.

Several other family members spoke of their frustration and disappointment with the ILSI option in not providing person centred support. As one family member explained, she had to demonstrate to support workers how to provide support in a person centred manner. Despite having been promoted as providing a person centred approach, she felt the option lacked training for staff 'that's vital to the success of the program.'

Respecting the person as a primary determiner by facilitating decision making and planning processes

Planning meetings were considered an essential component of the person centred approach. Service providers, support workers and people reported that an inclusive planning approach and ongoing monthly reviews using plain English language facilitated positive outcomes. One support worker found that the meeting with just the person was of benefit but recognised that meetings with the ILSI facilitator, person and their families to review the ILSI process and discuss future goals and outcomes was an important part of the process.

A family member interviewed felt the person centred nature of the ILSI option enabled her daughter to express her interests and what she wanted out of life. When asked by support workers about her dreams and aspirations, she was able to look at a large number of possible options and then refine them down to achievable opportunities. Her family said:

Now she envisages things she would have never dreamed of [in the past].

Another person was reportedly spending time on his own without support, which was a new experience for him. He was able to choose when he wanted support. His support worker felt that he had become more confident in making his own decisions since commencing the ILSI option and enjoyed the opportunity to make his own choices. As she explained:

He might say 'I want to go and do this today', but on other days he might just want to play games at home.

Although many people spoke of embracing the ILSI option and the processes, which allowed them to make their own choices and decisions, the transition had been difficult for some people. One manager commented that some people had previously relied on their family members to make decisions and choices on their behalf. Ensuring that plans and supports were paced to suit the needs of each participant was an important factor in developing confidence in decision making and engagement with the option.

8.4 Strengths and partnership based

There were mixed responses as to how the ILDIS and ILSI options enabled the setting of goals and activities which focused on the person's strengths and capabilities. The success of the partnerships formed between the person, their family and service providers appeared crucial to the process.

People did not talk about administrative mechanisms to turn long term plans into day to day activities (e.g. protocols). Positive interview statements indicated that people did receive support and engage in activities based on their plans.

ILDIS

The ILDIS program is fabulous as it gives them a chance to live their own life (ILDIS, manager)

An person's strengths and capabilities guide the setting of goals and activities

The number of interviews conducted was not sufficient to draw conclusions as to whether the ILDIS program ensured that a person's strengths and capabilities guide the setting of goals and activities. One manager interviewed spoke of observing a cultural change in the organisation about strengths based service provision:

The focus is a lot more on what the person can do and not what the person can't do.

Several of the people interviewed spoke about the areas in which they were independent and the areas in which they required ongoing support. Each expressed satisfaction with the support they received. As one man noted:

I'm a lot happier, more confident ... I'm a free man now.

Shared commitment

A manager interviewed described how the person centred approach to planning within ILDIS had inspired a more holistic practice. It encouraged service providers and support workers to speak with the person and, with their permission, also to their friends, advocates, and family members to find out about their goals and explore what support they required to achieve these goals. One person interviewed explained that his sister attended each of his planning meetings, despite living in a different city. Another person spoke of having 6 monthly planning meetings with his support workers and service provider in which they discussed his long term and short term goals. He explained that his support workers provided ideas but he made the decisions.

Practice framework

A manager interviewed noted that collaboration was a major component of the practice framework for ILDIS, and the service provider worked closely with respite agencies, HACC services and the people's families. Another manager spoke of practices followed within their organisation which included implementing more inclusive planning processes, ensuring that the planning process happened as often as changes were needed. In this way the organisation could be more responsive to plans being changed to best suit the wishes and needs of the person. The manager also felt that all levels of support, whether formal or informal, should be based on a person's strengths and identified goals. The manager said that this approach required support workers to develop a greater capacity to listen to people and their families and to take a flexible approach which encouraged people to be involved to the extent they could manage.

Safeguards

Some risk management situations were raised by one of the managers interviewed including money management and budgeting, in that some people would, 'Spend all their money if this was not monitored'; and safety concerns, particularly the risk of house fires. The balance between freedom of choice and management of risk was managed by some support workers

through an ongoing process of negotiation.

ILSI

A person's strengths and capabilities guide the setting of goals and activities

There were mixed responses from those interviewed as to whether the ILSI program ensured that a person's strengths and capabilities were guiding the setting of goals and activities. One family member spoke positively of his son being able to set his own goals as part of the program:

ILSI actually has some goals, [but] the community participation program is like a babysitting service, keep them amused during the day and drop them back home with no improvements having been made in their lives ... ILSI has aims and goals which we are heading towards ... goals are set amongst ourselves, and if we do not achieve we modify it and try again.

A person commented that he and his support worker were planning to complete a 'happy life poster' together. He explained that the purpose of the poster would be to map out what he wanted out of life, 'myself being happy in my life.' He expressed his happiness with what he had achieved through the ILSI program and the support he received from his support workers.

Several family members felt that support workers had not considered the person's abilities and did not know what to do with them when the ILSI program first commenced. Family members reported that they had to take responsibility for setting goals and demonstrate to support workers how to provide the person with assistance.

Shared commitment

The notion of working with a shared commitment was an essential component of a successful ILSI program. One family member noted that the ILSI facilitators and support agency had a strong commitment to liaise with and communicate with her and her daughter and they had weekly meetings with the ILSI facilitator. Another family member said:

We have good team work, as we have good communication amongst us all. [There have been] no problems so far as we are ahead of all problems.

The family member described how having a shared committed helped to reduce the pressure on parents. This experience was echoed by another family member who explained that the support provided through ILSI to her sister had resulted in:

A huge weight off my shoulders.

Not all family members described a positive involvement with the ILSI program. One family member felt that the service provider had not considered the family sufficiently, and the impact of change on family dynamics. He felt that greater consultation with a person's family was required. Another family member noted a lack of commitment from support workers, who she considered were unreliable and often failed to arrive on time. She explained that her family member with disability became unsettled if too many changes occurred and the process had not been easy:

Thank goodness I'm still here. It would have been a disaster otherwise.

Practice framework

There was a strong emphasis on establishing a circle of support within the practice framework for the ILSI program. One support worker spoke of observing that some people had experienced limited interactions outside of their immediate family prior to the commencement of the program and that introducing them to people within their local community offered an opportunity to 'open up a whole new world' for them.

The practice framework also required good team work and open communication between the people, support workers and families so everyone worked together towards common goals. Good communication was seen to help minimise any problems by dealing with them at an early stage or pre-empting problems before they got out of hand.

Safeguards

Finding the balance between supporting a person to uphold the choices they made while minimising the risk of harm was seen to be an ongoing process of negotiation. Some support workers spoke of being criticised within their organisation for what was viewed as lack of duty of care.

8.5 Integrated and collaborative practice

Most people using Drop-in Support used other ADHC funded disability services (Table 8.2 and Table 8.3).

Table 8.2: Services used by program - number of Drop-in participants using a service

	ILDIS	ILSI
Accommodation support	35	23
Community support	42	39
Community access	19	10
Respite	17	27
Total people in program	48	52

Source: ADHC MDS 30 June 2012 (2011-12)

Notes: n.a.= Cells smaller than 3. Participants may use more than one service within a category so some numbers may be greater than the total number of participants in the program.

Table 8.3: Average hours used per person using the service by Drop-in option per week, 2011-2012

	ILDIS	ILSI
Accommodation support		
1.05 Attendant care/personal care		
1.06 in-home accommodation support	15.25 (25)	6.15 (22)
1.07 Alternative family placement		
Community support		
2.06 Case management, local coordination and development	0.48 (4)	0.37* (10)
Community access		
3.01 Learning and life skills development	15.3* (14)	9.4* (5)
3.03 Other community access	1.31 (1)	2.05 (2)
Respite		
4.02 Centre-based respite/respite homes	29.63* (5)	12.24* (10)
4.03 Host family respite/peer support respite		
4.04 Flexible respite	2.21 (7)	3.5* (12)
Source: ADHC MDS program data 2011-12		
Notes: * denotes that average hours calculation was based on data for services users for whom data on hours was available, not all services users. This data should be interpreted with caution.		
Not all service types record hours e.g. 1.04 Group home		
This data would only include ST1 IASP recipients and not ST2 IASPs which were allocated in the 2012/13 financial year.		
() = number of users with hours recorded against the service type		

Some service providers developed effective partnerships with people, families, the broader community, and information, advocacy and other services. This required managing individual family concerns, for example older parents who initially struggled with giving their adult children more independence, and balancing the needs of various family members. Service providers reported connections with a wide range of community organisations and enabling people to engage in various activities of their choosing. In regional and rural areas, service partnerships appeared easier to establish, although transport for people to their preferred activities was an issue. People's experiences with collaborations were mixed. Several families reported lack of communication with the service provider and insufficient information about the program.

ILDIS

Workers in the ILDIS program indicated that working with people's families and friends had generally been positive, as they had been pleased to see people becoming more independent and having more control over their lives. Some families needed to be informed about professional and organisational boundaries, as they expected support workers to be available 24 hours per day 7 days per week and to provide them with a private number for emergencies. Some families in rural areas had not had much contact with services before, and providers needed to build rapport with them. Once engaged with the program, families generally felt a sense of relief knowing that their adult children would have someone looking after them in the future.

The partnerships that ILDIS providers established with other organisations were varied and often constructive. In one area service providers established a strong partnership with staff from ADHC, and in another district a partnership was forged with TAFE, through students taking work experience positions. Partnerships with a wide range of community services developed because the ILDIS program gave people the opportunity to engage in mainstream

activities as well as disability specific programs. One organisation indicated they had worked hard to establish linkages with local businesses and community organisations to enable people to work in a coffee shop, become a scorer at a cricket club, or join a swimming group at the local pool. Another person was attending a mainstream TAFE class on her own, and several people had been linked in with a rotary club where they did volunteer work.

Another service established connections with a range of community service providers including allied health services, taxi companies, dance groups, local hospitals and Centrelink offices, as a way of establishing circles of support for the people in the ILSI program.

Communities in regional and rural areas appeared to be more receptive to engaging people in mainstream activities, although transport could be difficult to arrange, which limited people's choices.

Generally service providers disseminated information to people, made referrals and offered advocacy. Sometimes staff needed further training, for example in setting boundaries respectfully and working with families in a culturally sensitive way. One support worker felt the key to success was to be well connected to the community, adding this was especially true for Aboriginal co-ordinators:

It's about us being informed, being educated and asking questions and providing services in such a way that people feel heard and listened to and can understand that they can provide feedback and even make a complaint.

ILSI

According to an ILSI Support Facilitator, the program had been successful at co-ordinating the range of people, their families and services involved. This had been achieved by regular consultation meetings attended by people and their families. These meetings afforded opportunities to provide feedback to service co-ordinators and to disseminate information. Monthly ILSI team meetings were held for Support Facilitators and Supervisors which enabled feedback and information to be distributed between staff. It also gave Support Facilitators a chance to reflect on their practice.

The ILSI program increased opportunities for people to be involved in community activities and programs. These included photography, drawing, cooking, computers & technology, bike riding, health and fitness, English and maths classes, and they were additional to programs they might have participated in before, including budgeting, living skills training and safety in the home. Having the opportunity to network within the local community raised people's awareness of local supports available and created further ideas for activities they might like to pursue in the future. Offers had been made by community organisations for ILSI people to get involved with their activities, and this was a success in some areas. Local communities also contributed staff and volunteers who had skills that people on the program wanted to develop, including arts and crafts, sewing, computer, cooking and exercise.

Sometimes providers and support staff continued working with agencies with whom the people were connected prior to entering the ILSI program, e.g. employment, home care and medical services. They also introduced new services facilitated through partnerships with TAFE, community colleges, local councils, and Medicare Local for Healthy Lifestyle programs.

People benefitted from partnerships between specialist and mainstream services, for example one support worker indicated one man was prospering due to a strong collaboration between the ILSI facilitator, job agency, psychologist and the family. Everyone involved in

the program touched base every week and provided each other with updates. The support team linked the man with a service that mowed his lawn and someone to iron his clothes.

In rural areas with few disability services, support providers found the ILSI program was positively received in the local community as an opportunity to improve service provision. In these areas ILSI providers had been approached by people and families with requests to provide services.

Support providers found that working with families required individual approaches, patience and flexibility. They had observed that, when people were starting to move to more independent living arrangements, some family members were anxious about how the person would cope, and others worried about losing their close relationship. If support workers dealt with such concerns effectively, family members became more relaxed as time went on, and the person's relationship with their family often improved, as it increasingly involved enjoying each other's company rather than caring.

Families reported positively about the flexibility of the program, which allowed the support to be planned around the goals identified by individual needs and family preferences. Both factors encouraged involvement and an inclusive approach to developing a circle of support.

Other families reported difficulties in developing partnerships with service providers and agreeing on support provision. For example, one person's father indicated there was conflict over the way his daughter managed her grocery shopping and the times she chose to do her ironing, which he felt inconvenienced the other members of the household. The father felt that the service provider was:

Getting there, slowly, but they are getting it. We see that the ILSI package needs to take into account the whole family, but I am not sure they have the skills to manage this.

Such scenarios were challenging for ILSI staff, as they tried to advocate for the person while respecting the views of the families.

Developing partnerships sometimes took time and effort. The parent of one person reported that communication issues with the ILSI service providers were resolved with assistance from ADHC and the implementation of regular planning meetings every 2-3 months, supplemented by ongoing informal communication between the meetings. Another parent was concerned that the support workers were not assisting his son to link in with employment services.

Information and advocacy were important components of the program. People and their families needed to know what the service provider could deliver and be given a clear description of the program parameters. Experiences varied, with one parent who had been a disability activist herself saying:

Staff have been phenomenal ... the family did not have to do the research as the agency always helped.

The parent of another participant found out about the ILSI program when a staff member from the respite organisation her son was using told her about ILSI. The organisation helped her with the application form. One family from a rural area felt that accessing information in rural areas was often easier than in the city, as it was quicker to find the person who made decisions about support and funding. The family was also part of a parent network for sharing information.

Other people reported that they had requested information from both ADHC and service provider but had not received sufficient or clear information from either.

8.6 Responsive to diversity

There was insufficient information to draw conclusions as to whether ILDIS and ILSI met the needs and aspirations of people from Indigenous and CALD backgrounds. Positive examples included a Drop-in program specifically for Indigenous people, cultural training for support workers, engaging interpreters, facilitating church visits, and workers engaging with people's culture, for example cooking their food.

ILDIS

Needs and aspirations of Indigenous people are respected and valued

To meet the cultural needs of Indigenous people, one support organisation had developed an Aboriginal Drop-in Support program, which was 'a mirror program of ILDIS except that it is for Aboriginal people specifically' (manager). The manager described how all support workers were provided with training and education about Aboriginal culture, and support workers were carefully matched with people. As the manager explained:

In some cases Aboriginal staff connect better with Aboriginal clients, but in some cases they do not.

The manager spoke of liaising closely with National Disability Services (NDS) representatives and other organisations in order to provide optimum services for people. The manager described how the organisation took a creative approach, noting:

we can also achieve a lot through role-playing and music...to reach across cultural barriers...it's about meeting people where they're at.

Another manager described how her organisation had implemented strategies to meet the differing cultural needs of people. For example, one person from an Aboriginal background had been provided with support to research her clan.

Needs of people of all cultural, language and religious backgrounds are respected and valued

It appeared that the Drop-in option offered opportunities for service providers and support workers to be responsive to the cultural needs of people and their families. For example, one manager described how people received support to go to church. Several service provider managers indicated that as they had people accessing their services from a range of CALD backgrounds they would always engage interpreters. One service provider spoke of utilising an Auslan interpreter to work with a person who was deaf. Managers described it as critical for service providers and support workers to listen and respect a person's language and culture.

ILSI

Needs and aspirations of Indigenous people are respected and valued

Limited information was provided by people interviewed as to whether ILSI ensured the needs and aspirations of Indigenous people were respected and valued. One person reported '... the support workers respect my culture.' A family member interviewed felt the

support agency had not collaborated with their family and felt they had received minimal support:

That's just how it is for Kooris, I will speak my mind and can be quite frank. I'm not sure if they are intimidated but they just dodge me.

Needs of people of all cultural, language and religious backgrounds are respected and valued

One support worker interviewed suggested that staff need to take time to get to know a family and indicated that there had been a cultural shift among staff in this regard. For example, one support worker assisted a person from a Chinese family and the family showed the support worker how to cook their favourite food. The support worker felt this was a collaborative approach which she contrasted to:

A couple of years ago [when] it would have been the service telling the family how we do it, but now they can make the decisions.

A family member spoke of the support her daughter received to attend her local church where she had a circle of friends.

8.7 Age and life stage appropriate

There was insufficient information to draw conclusions as to whether ILDIS and ILSI enabled supports and activities that were suitable for the person's age and life stage and during key transitions. It appeared that the use of person centred planning helped facilitate appropriate support.

ILDIS

Developing the capabilities to implement strategies and pathways to achieve a person's goals required matching of staff qualities to the person's needs, including their age, gender and interests. One manager described how some people had specifically requested a support worker who was older. This might reflect the fact that until now parents had been the main support providers. The manager spoke of offering age appropriate activities in an attempt to role model age appropriate behaviours.

A couple of managers interviewed spoke critically of the ILDIS option in terms of not providing a life-span approach to accommodation support. It was felt that the option did not fully consider ageing people and the additional health issues that could arise, including physical and cognitive decline. A manager said:

There is more money to address dementia [but] they are dismissing this issue.

One manager provided an example of a person with disability who had previously been working four days a week but had chosen to retire. The person now spent more time at home and required more support. There had been deterioration in his skill set since retiring and concerns raised about his safety. Another manager felt that additional resources were sometimes needed by older ILDIS recipients and, due to block funding arrangements, this was sometimes provided at the expense of younger ILDIS recipients with less complex needs. As the manager explained:

I have not worked out yet how we can get more assistance (more hours of support) for people with aged care needs.

ILSI

It gives us a lot of confidence because we are both in our sixties...you wonder what will happen in the future if we happen to pass away first. I mean she has sisters and that but we were looking into other options such as aged care accommodation or something like that but this is brilliant (family member)

Several family members interviewed spoke positively about the ILSI program as being age and life stage appropriate. One family member described how a support worker was the same age as his son and they shared an interest in computer games which they played together. Another family member spoke of how having young support workers was good for young people in the program as they could relate to topics which are important to younger people, such as understanding the highs and lows of relationships and being familiar with TV shows that were important to the participant.

An ILSI facilitator described how two people were in their mid-50s and currently in supported employment. She felt that the person centred approach to support planning would allow them to transition into retirement over the coming years and have the skills and relationships to continue to live fulfilling lives.

8.8 Quality assurance

The programs included mechanisms for continuous improvement and staff development, detailed below. Concerns about sustainability were raised in interviews and focus groups.

ILDIS

Continuous improvement

The person centred planning process in ILDIS included regular reviews with the person, family, friends and support workers to evaluate the success of the person's choices and goals. Service providers used different review mechanisms, usually face to face meetings. Another mechanism included a Quality of Life Questionnaire, which helped staff to gain a better understanding of the person centred approach. Others fed the outcomes of regular review meetings into their staff planning, so that staff were available when people wanted support. Other continuous improvement mechanisms included a feedback form for people and their families, and one provider accessed external quality assurance funding to implement their internal processes. The manager in one organisation adapted service provision to the changing needs of people by having meetings with support staff every day, rostering workers on a day to day basis and working closely with the co-ordinator.

Providers and support workers noted there had been no review or feedback from ADHC on the ILDIS program. They suggested more comprehensive capture of support activities in the program, the mentoring of staff, key worker reports and details on travel time. Another suggestion was for ADHC to establish a forum for service providers in the ILDIS program, to give providers a cross industry overview of services and opportunity to share ideas.

Staff development

Organisations had implemented various staff development opportunities. Examples were: mandatory training about 'how do you teach people and how do you provide support';

monthly supervision for staff; additional training due to the specific needs of a person on the program, for example acquired brain injury; online learning modules for staff; training programs on person centred support provision; and monthly staff meetings, where case studies were discussed.

Service providers mentioned challenges in finding and training appropriate staff, especially in smaller towns with limited staff availability; and being able to provide staff with full time work on the ILDIS Drop-in program. Due to the part time nature of the work, it was reportedly difficult for organisations to attract male staff.

Sustainable support and funding arrangements

Providers and workers mentioned challenges to providing sustainable, long term support under ILDIS. One provider felt more funding should be available to organise education for staff and families about working with ageing people. Several providers criticised the requirement by ADHC to report quantifiable outputs rather than outcomes that were meaningful for the person. They said this could be a barrier to providing good service, although many organisations felt they did successfully maintain their focus on meaningful outcomes.

ILSI

Continuous improvement

An ongoing review process in ILSI assessed the individual goals and the overall program. For the majority of people, formal review meetings were held every 6 months, allowing people to see what they had achieved, add to their goals and provide feedback. This was also an opportunity to review support worker practices and consider whether the plan was sustainable. In some cases the review was completed with the participant but not family, although there was regular discussion between the support agency and family. In one family the support workers would email the parents every week with the updated plan. Other people had circle of support meetings where family and friends discussed the goals they were supporting, for example one person was using his circle of support to learn how to budget and manage his money.

Several families were dissatisfied with how reviews were implemented. One family did not have regular review meetings with the service provider and indicated they would like more consultation. They felt their daughter had been 'left a little on the wayside' as the other local people on the ILSI package lived together in a share house. Her parents felt that the service providers put more effort into the share house, possibly because their daughter had 'more ability than disability' and so she had different goals to many of the other local people. Another family said 'we could do with more assistance, we would like some practical help.' One parent advised that the facilitator attended the six-monthly review meetings, but the support workers had a separate meeting with the person and their family to establish the communication work book.

Two families reported delays in support provision. In one family, there were no support workers in place after nine months on the program. A family member said:

[we were] jumping up and down because nothing happened ... no staff came and nothing was organised, [I] sent a letter to the Minister, [as] there were no directions in the beginning as the co-ordinator and the facilitator left – [with this] lack of management, I was wondering 'where are these people'?

Another parent advised they had numerous meetings with the support facilitator, but no service was put in place.

Service providers appreciated the forum meetings within the ILSI program, as they gave providers the opportunity to share ideas and learn about other services. Changes were made to ILSI service parameters earlier in the year based on feedback from consultation meetings with people and their families. For example, a reporting tool was revised.

Staff development

Support facilitators in the ILSI program received training in person centred planning and participated in ongoing training with the P4P mentoring program, which reportedly enabled them to share ideas and learn from other organisations. Service providers also found that the ILSI workshops had been beneficial, and the funding provided allowed facilitators to travel from their locality to participate. Some support facilitators had attended ILSI Facilitator Mentor Forums with ADHC and other service providers.

Support facilitators were encouraged to reflect on their practice in person centred planning during supervision in their organisations and most organisations said they provided facilitators with ongoing training. One manager who had already been trained in person centred planning accompanied staff through all the training sessions when the organisation was awarded the ILSI program. Most organisations said they encouraged good communication between facilitators, support staff, participants and their families. Where possible, ILSI support staff was matched with people so that their skills would help the person to achieve their goals.

In local areas where there had been no Drop-in services before, new staff had previous experience working with people in different settings, for example in Out of Home Care or with people with challenging behaviours. Staff received training to have an understanding of disability standards, organisational policies and procedures of the service provider and ADHC, and the values required for a person centred approach. One provider working in this area said the recruitment of new staff had allowed an influx of workers with an open mind and a willingness to accept new concepts.

Some families observed insufficient staff training. One mother, for example, felt that support staff were not adequately trained to work with her son, who had autism. She showed staff how to engage with her son and demonstrated different ways of working with him. Her hands-on training was vital to the success of the program, and she felt this could not be gained through a textbook.

Sustainable support and funding arrangements

It's the best thing I've ever blundered into...I do not know how it could work better...but sometimes I am a bit concerned that the funding may get chopped (family member)

The sustainability of the support and the funding arrangements for ILSI was an area of concern for families and service providers. One family who liked the option found it difficult to obtain or retain any level of support. Another family who had a facilitator and four support workers from different agencies was concerned about the ILSI program as well as the NDIS finding enough staff to accommodate the needs of all the people with disability.

Service providers mentioned challenges in providing sustainable support, for example an inability to provide flexible support, or provide support to find suitable long term affordable housing in the area. Some organisations indicated that it had been difficult to support people in the way they would like and still adhere to award conditions.

One service provider articulated an exaggerated ‘sense of importance placed on achieving tangible outcomes’ (manager). This was partly because the systems by which these outcomes were measured did not take into account people’s personal progress that might not fit within the categories provided.

8.9 Summary of characteristics of Drop-in Support

In both options, the characteristics of the accommodation support were influenced by the skills and engagement of the service providers. When well implemented, ILDIS and ILSI offered choice, person centred and strengths based support, effective partnerships between people, families, services and communities, support for cultural and age related needs, and effective monitoring and staff development. These characteristics were achieved where the providers focused on each person’s individual needs and capabilities, had a broad understanding of Drop-in Support that went beyond domestic skill development, communicated regularly with people and families, and were skilled in balancing conflicting needs of people and family members. Staff development opportunities in the ILSI option also helped. Barriers to effective accommodation support in some providers were staff management and insufficient funding for ageing people’s needs.

Choice, flexibility and control: When well implemented, ILDIS and ILSI appeared to offer people choice, flexibility and control over their accommodation support. People could vary the type and intensity of assistance provided by their support workers over time, depending on their changing needs. Some could also choose support workers, which they appreciated. These program characteristics were facilitated by service providers who focused on the people’s individual needs, who had a broad understanding of Drop-in Support that went beyond domestic skill development, and who communicated well with people and families.

Person centred: The planning process in both programs appeared to facilitate individualised support and people’s decision making. The process worked well where service providers organised initial intensive planning to determine goals, as well as regular ongoing meetings to adjust support. Skilled support workers could assist the person’s planning and develop decision making capacity. Some people experienced increased independence through learning skills and participating in social activities. Support workers sometimes needed to manage conflicting family preferences. Several families felt frustrated with an apparent lack of skill among support workers to provide a person centred approach.

Strengths and partnership based: People, families and service providers reported some positive experiences, where planning focused on the strengths of the person and involved an inclusive approach between the person, service providers, family and friends. Good teamwork, open communication, a strengths based approach in the support organisation and a shared commitment to support the person’s goals were cited as facilitating factors. Family members appreciated that some responsibility had been taken off them. Several people and families had negative experiences, where support workers seemed to lack training for person centred approaches and were unreliable. Balancing freedom of choice and management of risk for the person required ongoing negotiations between people, families, workers and their organisations.

Integrated and collaborative practice: Some service providers developed effective partnerships with the person, families, the broader community, and information, advocacy and other services. This required regular meetings and managing individual family concerns. Service providers reported connections with a wide range of community organisations and enabling people to engage in various activities of their choosing. In regional and rural areas, service partnerships appeared easier to establish, although transport for people to their

preferred activities was an issue. People's experiences with collaborations were mixed. Several families reported lack of communication with the service provider and insufficient information about the program.

Responsive to diversity: There was insufficient information as to whether ILDIS and ILSI met the needs and aspirations of people from Indigenous and CALD backgrounds. Positive examples included a Drop-in program specifically for Indigenous people, cultural training for support workers, engaging interpreters, facilitating church visits, and workers engaging with people's culture, for example cooking their food.

Age and life stage appropriate: There was insufficient information to draw conclusions as to whether ILDIS and ILSI enabled supports and activities that were suitable for the person's age and life stage and during key transitions. It appeared that the use of person centred planning helped facilitate age appropriate support. Support workers were matched to the age preferences and interests of the person, and people were supported through the transition to retirement. Some ILDIS managers felt that program funding was insufficient to meet the needs of ageing people.

Quality assurance: The programs included mechanisms for continuous improvement, mainly regular reviews of support plans with people, families and circles of support. Staff development included training for staff in person centred planning and specific support needs of people on the packages. Service providers had put various training opportunities in place. ILSI appeared to offer additional support for staff development through specific funding, forums and workshops, and it had had a comprehensive program review. Service providers reported difficulties in finding and retaining appropriate staff, due to the part time nature of the work and limited staff availability, especially in rural areas. Some families reported frustration with quality assurance, for example lack of review meetings, inadequate support, and delays in starting support provision. Sustainability concerns included insufficient training and funding for ageing participants, ADHC's focus on quantifiable outputs rather than outcomes for the person, staff availability and general funding levels.

9 Cost effectiveness of Drop-in Support

The costs of Drop-in Support were analysed against the outcomes experienced by the people using the support and their families. The hypothesis was that for a given cost, as a result of the accommodation support, people with disability would experience improvements in outcomes. The hypothesis could not be fully tested because of the limited availability and quality of expenditure and quantitative outcome data. In addition, most outcome measures for the people were at a baseline only, and not all benefits could be measured. None were quantified into a dollar value. Outcomes were discussed in more general and qualitative terms.

9.1 Costs of Drop-in Support

The costs were analysed in terms of total program cost and average cost per person. Recurrent funding per person is presented in Table 9.1. Drop-in service providers are block funded to deliver the ILDIS for an agreed number of places. Division of the block funding approximates to \$78,000 per person per year. No assets are attached. The actual cost per person ranged within each option and between options but the data was not available. The range depended on the person's needs, the definition of the option and amount available in the option (Section 5).

Table 9.1: Recurrent funding per person by Drop-in option (\$), mean, 2011-2012

	ILDIS	ILSI
Average amount	78,000	78,000
Source: ADHC Funding Management System data April 2013		
Notes: ILDIS and ILSI are given notional values of \$78k per place. There are 68 ILSI places and 95 ILDIS places, however it should be noted that places does not equal program participants.		

Potential risks to the government of Drop-in Support funding are that the options are block funded, so the providers are not accountable to the government, person or family, for the amount allocated per person. For example, more than one person might receive support within the one package, leaving little financial flexibility to adjust to changes in the person's needs. A second related risk is from instability or changes to the support needs of the people using the support that result in the need for a greater resource allocation. Providers either increase the support provided to that person, to the detriment of other people using the support, or are unable to respond to the increased need.

9.2 Benefits of Drop-in Support

The outcomes of Drop-in Support are summarised in Section 6. Most of the outcomes measures were baseline only, although some people experienced large changes in their lives as the support enabled them to make choices about their housing preferences and act on them.

10 Implications and conclusions about Drop-in Support

The implications of the findings from the evaluation of Drop-in Support can inform future policy for implementing individualised accommodation support and better outcomes for people with disability. The implications in this section are grouped by the evaluation questions. The section cross references to the findings in the earlier sections and draws out future implications.

10.1 Effectiveness of accommodation support

Does Drop-in Support provide the intended services and change outcomes for people with disability?

1. *To what extent does Drop-in Support meet the outcomes for individuals, as experienced by people with disability, their families and informal supporters?*

Within the caveats about small sample sizes and recruitment methods, findings about outcomes were fairly consistent across survey and interview methods, and across people, families and managers. Overall, ILSI and ILDIS achieved positive outcomes for most people. The programs assisted many people to increase self-determination in their lives, to further their personal development, and to improve social inclusion as well as physical and emotional wellbeing. Most people felt their rights and autonomy were respected.

Outcomes were most positive where service providers were responsive to people's preferences, flexible and reliable, and where they gave people adequate information and support with managing their budget. Younger people found it easier to make choices than older ones. Some families impeded positive outcomes by resisting the person's increasing autonomy. The support did not affect material wellbeing directly, but workers assisted people to find and furnish accommodation and manage their incomes. Neither program focused on increasing employment opportunities.

Self-determination: ILSI and ILDIS offered people the flexibility of determining and managing their own, individually devised goals and daily routine, which they regulated with their support worker and/or family. Involving people in recruiting their support workers facilitated matching of personalities. Making choices was easier for younger people. It was hampered for some people by restrictions on activities the funding could be used for, and by initial resistance from some family members.

Personal development: Most people made significant steps in their personal development. This included learning domestic skills and travel skills, using mainstream community facilities, attending courses and working. In ILSI it appeared personal development outcomes depended on the skills of the support staff to enable continuous development and their availability to support people with their preferred activities. One family reported a problem negotiating adjustments of funding level to people's changing needs as they developed more independence. Others had a lack of information about cost of services or budgets managed by the provider.

Rights and autonomy: Most people felt that their rights and autonomy were respected. They were treated with dignity, their privacy was respected, and they felt supported in

making decisions and increasing their autonomy. These positive outcomes were facilitated by an attitudinal shift among some support workers. A few people's rights were restricted by family members.

Material wellbeing: Most people reported no change in their material wellbeing, as the majority of the monies went directly to the Drop-in service providers, and covered support but generally not material goods. Several people moved into their preferred accommodation since receiving the Drop-in Support. Families and support workers had assisted them with finding accommodation, furnishing and settling in. ILSI and ILDIS also supported people to manage their income.

Social inclusion: The ILDIS and ILSI led to an increase in people's social inclusion, by assisting them to participate more frequently in community activities and form social connections in their local community. Drop-in participants were supported to engage with disability-specific and mainstream organisations, and to enjoy organised and spontaneous activities. Both programs appeared to be responsive to individual preferences about the amount and type of interaction people wished to be involved in. As a result, family and friends have seen improvement in social skills and confidence. People and families mentioned two barriers to increased community participation: inflexible service providers and lack of affordable housing. On the other hand, inclusive attitudes among service providers, local organisations and businesses facilitated social inclusion. Neither program appeared to have a focus on increasing employment opportunities.

Interpersonal relations: Both programs assisted people to maintain family relationships and existing friendships and support workers helped in whatever way was useful, for example enabling regular visits and long-distance travel. Family members found it reassuring to know that the person with disability was adequately supported to become more independent. In rare cases support workers needed to manage tension that emerged due to shifting family relationships. New friendships started through participating in community and social activities organised through ILSI and ILDIS, and support workers assisted people in establishing these friendships, for example by helping to organise outings and birthday parties. Some people decided to acquire pets. Relationships with support workers were mostly positive, with people appreciating the workers' flexibility and trustworthiness. Power relationships were sometimes a problem where one support worker was routinely late but the person and family did not take this up with the service provider for fear of jeopardising service provision.

Physical wellbeing: Both ILDIS and ILSI focused on improving people's health. There were numerous examples where support workers assisted people to improve their health by adjusting their eating, exercising or attending medical appointments. Support for improved personal hygiene was also reported. Other physical wellbeing aspects such as personal safety and feeling relaxed and comfortable were rarely commented on. Two people said their level of comfort had improved when they changed providers, as they felt the new support workers were responsive to their needs.

Emotional wellbeing: People, parents and support workers reported that the emotional wellbeing of many people participating in the ILSI or ILDIS programs had improved. Often this happened because the programs encouraged more interaction with the wider community and more independence in people's day to day lives. Many people had support networks that were developed before and often involved family members. Support workers tried to improve networks where they saw gaps, often through involving people in community activities or work, arranging professional psychological support, or providing emotional support themselves. Support workers also tried to meet people's need for stability and predictability in their lives, for example by making weekly plans. Unreliable workers caused emotional stress for some people in the programs. Family members expressed their own attitudes towards the programs and the effect on their wellbeing. Most people enjoyed the

benefits of their adult children having more independence and control over their lives. Parents in particular appreciated more free time for themselves and less worry. Some parents found it difficult to relinquish control.

2. *Does Drop-in Support provide or arrange the intended accommodation support (preferred place to live, support to live there: practical support, skills development, relationships, referral, brokerage, funds management, decision making support)?*

ILSI and ILDIS arranged the intended support for most people. Many people in the programs moved into, or already lived in, their preferred housing arrangement, and they received appropriate support there. Service providers and families needed to be responsive to people's wishes and work together to make accommodation support successful.

Arranging or providing a preferred place to live in the community: People generally lived in their preferred housing, which was sometimes facilitated through ILSI or ILDIS, for example where people were assisted to move out of the family home or a group home into their own place. Successful transition to independent living arrangements could be hindered by a lack of available housing or negative attitudes of group home staff or families.

Arranging or providing support as needed to live there: Both programs focused on providing practical accommodation support and developing independent living skills. Staff needed to understand people's individual needs to provide the appropriate support, and it helped if they knew the local community and the options available there. Service providers felt that building positive relationships with families was important, and they made efforts to reassure parents and reduce anxieties. Funds management could be difficult from the person and family's point of view where money went directly to the service provider, limiting people's choices. Service providers needed to adjust staffing levels to meet changing travel requirements when people moved.

3. *Which characteristics of Drop-in Support have been most and least effective (choice and control, person centred, strengths and partnership based, integrated and collaborative practice, responsive to culture and age; individualised, portable, client driven funding; quality and effectiveness of support planning; integration of mainstream and informal support)?*

The characteristics are described in Section 8. In both options, the characteristics of the accommodation support were influenced by the skills and engagement of the service providers. When well implemented, ILDIS and ILSI offered choice, person centred and strengths based support, effective partnerships between people, families, services and communities, support for cultural and age related needs, and effective monitoring and staff development. These characteristics were achieved where the providers focused on each person's individual needs and capabilities, had a broad understanding of Drop-in Support that went beyond domestic skill development, communicated regularly with people and families, and were skilled in balancing conflicting needs of people and family members. Staff development opportunities in the ILSI option also helped. Barriers to effective accommodation support in some providers were staff management and insufficient funding for ageing people's needs.

Choice, flexibility and control: When well implemented, ILDIS and ILSI appeared to offer people choice, flexibility and control over their accommodation support. People could vary the type and intensity of assistance provided by their support workers over time, depending on their changing needs. Some could also choose support workers, which they appreciated. These program characteristics were facilitated by service providers who focused on the people's individual needs, who had a broad understanding of Drop-in Support that went beyond domestic skill development, and who communicated well with people and families.

Person centred: The planning process in both programs appeared to facilitate individualised support and people's decision making. The process worked well where service providers organised initial intensive planning to determine goals, as well as regular ongoing meetings to adjust support. Skilled support workers could assist the person's planning and develop decision making capacity. Some people experienced increased independence through learning skills and participating in social activities. Support workers sometimes needed to manage conflicting family preferences. Several families felt frustrated with an apparent lack of skill among support workers to provide a person centred approach.

Strengths and partnership based: People, families and service providers reported some positive experiences, where planning focused on the strengths of the person and involved an inclusive approach between the person, service providers, family and friends. Good teamwork, open communication, a strengths based approach in the support organisation and a shared commitment to support the person's goals were cited as facilitating factors. Family members appreciated that some responsibility had been taken off them. Several people and families had negative experiences, where support workers seemed to lack training for person centred approaches and were unreliable. Balancing freedom of choice and management of risk for the person required ongoing negotiations between people, families, workers and their organisations.

10.2 Appropriateness of accommodation support

Does Drop-in Support reach the target group and meet their accommodation support needs?

4. To what extent was Drop-in appropriate to the characteristics and needs of clients?

Drop-in Support seemed to be appropriate to the characteristics and needs of most people (Section 4.3). It was particularly helpful for supporting people and their families to consider new housing options and developing new skills to live more independently in or away from a family home.

5. Are the services responsive to Aboriginal and Torres Strait Islander people and service users with CALD background?

There was insufficient information as to whether ILDIS and ILSI met the needs and aspirations of people from Indigenous and CALD backgrounds. Positive examples included a Drop-in program specifically for Indigenous people, cultural training for support workers, engaging interpreters, facilitating church visits, and workers engaging with people's culture, for example cooking their food.

6. Are the services responsive to age and life stages at key transition points?

The responsiveness of the options is described in Section 8.7. There was insufficient information to draw conclusions as to whether ILDIS and ILSI enabled supports and activities that were suitable for the person's age and life stage and during key transitions. It appeared that the use of person centred planning helped facilitate age appropriate support. Support workers were matched to the age preferences and interests of the person, and people were supported through the transition to retirement. Some ILDIS managers felt that program funding was insufficient to meet the needs of ageing people.

10.3 Integrity and sustainability of accommodation support

Was Drop-in Support implemented as planned and responsive to identified gaps in design? Did the implementation maximise effectiveness within the option, with other initiatives and with mainstream services?

7. *What are the facilitators and challenges to implementation and what effect do they have on outcomes?*

Facilitating factors in the implementation of Drop-in Support to assist people with disability to make choices in their lives and implement them were:

- families or social supporters with the capacity (including interest, education, finances and organisational skills) to support the person in their planning and in organising accommodation support
- support workers who had skills to engage with people with respect and focus on their capabilities, particularly as their independence increased
- providers who were responsive to people's preferences and managed change within their organisation.

Where these facilitating factors were present, Drop-in Support was implemented with a person centred approach that gave many people with disability choice and flexibility over their accommodation support, and enabled them to select preferred activities and support workers. This made people feel happier, more confident and more independent than before.

The degree to which a person centred approach was taken within the ILDIS and ILSI programs depended on the extent to which the organisation sought to understand the person and their particular needs; the service approach of the organisation; and the training and supervision of staff.

With the Drop-in service, practical support can be up to 35 hours a week. People in the ILDIS program needed to be able to move out of home within the first 12 months and so the providers started working with the people and their family to develop skills which would enable the person to move out, while at the same time starting to look for appropriate places to live. However within the ILSI program, depending on the attitude of the family, people were able to remain at home, so this required ongoing work with the family to ensure the success of the program.

Barriers to effective implementation included:

- information for people and families about the support, and about the degree of control they could exert
- limited planning and decision making support for some people and families
- incomplete implementation – planning not occurring in a timely way; goals not properly structured with incremental steps for supported planning; or lack of regular reviews.

Where these barriers were present, the intended characteristics of the Drop-in Support were not fully implemented. People were then not able to achieve the accommodation arrangement of their choice and were left confused and disappointed. Perversely, this sometimes happened when people already had some skills that could have been developed

further. Where support workers and service providers were not delivering person centred approaches, often due to attitudes or lack of skill, people and families did not receive accommodation support that reflected their preferences and needs. Some people experienced a lack of information about the scope of support they could ask for and the opportunities to change the support, or lack of support for decisions about goal setting and support provision, which prevented some people and families from using the support to their full potential.

Some parents had experienced significant problems with some service providers because of a staff turnover, which resulted in a lack of co-ordination and facilitation and in some instances, a total lack of service provision. Some families indicated poor training in person centred planning for some staff. Some people and families felt unsafe complaining.

Most but not all service providers were able to offer choice around the recruitment and appointment of support workers and replaced staff who did not support people in a positive way. Some families did not have a choice about a service provider. Others did not have access to quality review meetings.

8. *What are the short term and long term strengths and weaknesses of the current **service delivery option?***

Strengths of Drop-in Support were:

- flexibility in how the funding was used
- capacity to tailor support to helping the person and family adjust to new opportunities
- person centred goal setting process.

Weaknesses of Drop-in Support were:

- insufficient or unclear amount of support available to meet people's needs, and unclear paths when needs changed
- lack of affordable housing for people to live outside the family home or have choices about who to live with
- cultural barriers to person centred approaches among some service provider organisations and support workers
- inconsistent organisational structures to manage the quality of support in some disability services, which people and families described as the primary lever of quality.

The short-term and long-term strengths and weaknesses of the current option are reflective of the provider approach and their ability to manage support staff who are able to work alongside the people in a way which meets the articulated needs of the people and their families. The strengths and weaknesses of the service are about the quality of the staff and their willingness to approach their work in a creative and holistic way.

9. *Has integrated and collaborative practice occurred and contributed to outcomes (the person, family, friends, community, specialist and mainstream services)?*

Some service providers developed effective partnerships with the person, families, the broader community, and information, advocacy and other services. This required regular meetings and managing individual family concerns. Service providers reported connections

with a wide range of community organisations and enabling people to engage in various activities of their choosing. In regional and rural areas, service partnerships appeared easier to establish, although transport for people to their preferred activities was an issue. People's experiences with collaborations were mixed. Several families reported lack of communication with the service provider and insufficient information about the program.

The location of the housing was important for integrated and collaborative practice to occur and for the ILDIS and ILSI options to be able to operate successfully. Integration was easier if it was centrally located, close to local shops and public transport, located near the social hub of a community. Some people were on the housing waiting lists for a long time.

10. Was Drop-in Support cost effective and viable for the person, family, service provider and government compared to other accommodation support?

The costs were analysed in terms of total program cost and average cost per person. Drop-in service providers are block funded to deliver the ILDIS for an agreed number of places. Division of the block funding approximates to \$78,000 per person per year. No assets are attached. The actual cost per person ranged within each option and between options but the data was not available. The range depended on the person's needs, the definition of the option and amount available in the option (Section 9). Most people also received other disability support, such as for community access (Table 8.2).

Potential risks to the government of Drop-in Support funding are that the options are block funded, so the providers are not accountable to the government, person or family, for the amount allocated per person. For example, more than one person might receive support within the one package, leaving little financial flexibility to adjust to changes in the person's needs. A second related risk is from instability or changes to the support needs of the people using the support that result in the need for a greater resource allocation. Providers either increase the support provided to that person, to the detriment of other people using the support, or are unable to respond to the increased need.

Most of the outcomes measures were baseline only, although some people experienced large changes in their lives as the support enabled them to make choices about their housing preferences and act on them.

Financial difficulties arose when people were not adequately supported to understand how costs were allocated or people did not receive adequate support to accurately keep a track of their funding and budget so that it was difficult to determine if they were getting the necessary support. In some situations funding managed by the Public Trustees or the nominated support organisation did not always provide the person with adequate levels of funding in order to meet their day to day needs and in one instance did not provide enough support hours for their need.

11. What strategies are used to work towards continuous improvement of service delivery (planning, review, staff development, budget management)?

The programs included mechanisms for continuous improvement, mainly regular reviews of support plans with people, families and circles of support. Staff development included training for staff in person centred planning and specific support needs of people receiving the support. Service providers had put various training opportunities in place. ILSI appeared to offer additional support for staff development through specific funding, forums and workshops, and it had had a comprehensive program review. Service providers reported difficulties in finding and retaining appropriate staff, due to the part time nature of the work and limited staff availability, especially in rural areas. Some families reported frustration with quality assurance, for example lack of review meetings, inadequate support, and delays in

starting support provision. Sustainability concerns included insufficient training and funding for ageing participants, ADHC's focus on quantifiable outputs rather than outcomes for the person, staff availability and general funding levels.

Both the ILSI and ILDIS programs have been well received and the current levels of funding have enabled a sustainable high level quality service to be offered to the participant and their family, using a person centred approach and 1:1 support. The ongoing reviews held every 6 months assessed both the individual goals and the overall program. This allowed people to see and record what they had achieved, encouraged them to talk about and add to their future goals, and along with their family, provide positive and/or negative feedback about the program.

People in the ILSI program also had circle of support meetings where family and friends tried to touch base and discussed the goals they were supporting in a more informal way. Support providers working in the ILSI programs indicated that although they recognised that circle of support meetings were important for the people and their families, formal meetings with everyone involved were hard to organise and establish as people did not necessarily want to be involved on a formal basis.

Changes had already been made to the ILSI service delivery based on feedback from a series of consultations held with people and their families. Where there were no existing services, staff were newly recruited and underwent training to have an understanding of the disability standards, the organisational policies and procedures of the service provider and ADHC, and the different values required for a person centred approach. The recruitment of new staff was also a plus for providers as it allowed new workers to approach their work with an open mind and a willingness to accept new concepts.

Although there had been a detailed review of the ILSI program there had been no evaluation or feedback from ADHC on the ILDIS program. Service providers from a range of agencies suggested there was evidence that the reporting tools did not work, that individual services had different ways of reporting using various tools and many essential activities were not captured in the data set including the mentoring and supervision of staff, the writing of key worker reports and travel time (with ILDIS it is not broken down, although it is with the ILSI program). Provider organisations indicated that ADHC had not organised any forums for service providers working in the ILDIS programs and they had suggested that this should be the responsibility of ADHC in the future. Establishing a forum for service providers within the ILDIS program similar to that already operating in the ILSI program would offer a cross-industry overview of all the different services being provided, and allow service providers and support workers the opportunity to share ideas.

Ongoing training and support in person centred planning is an important aspect of continuous improvement and was offered to staff and volunteers within the ILSI and ILDIS programs involved in developing and implementing goals. Within the ILSI program the ILSI support facilitators also participated in ongoing training with the P4P mentoring program, and attended ILSI Facilitator Mentor Forums and ILSI workshops which enabled them to share ideas and learn from the success of other organisations.

Person centred training encouraged a consistent approach to the provision of ongoing support and skills training and had a positive impact on the direct support workers, support facilitators (ILSI), service providers and volunteers within the Drop-in programs. Support Facilitators (ILSI) and support workers were encouraged to reflect on their practice during supervision and were encouraged to discuss any issues or concerns about the program. This afforded people the opportunities for providing input into the strategic planning process of the organisation as a whole. In some provider organisations, people were provided with

training on the Disabilities Standards in an Easy to Read format so they are aware of their rights and responsibilities.

10.4 Policy implications of accommodation support

ILDIS and ILSI were intended to support people with disability to live as independently as they chose, in an accommodation arrangement of their choice, and with formal support that suited people's preferences and life goals. Evidence from the evaluation showed that Drop-in Support achieved positive outcomes for many participants, particularly in self-determination, personal development, social inclusion, and emotional wellbeing. Less change was evident in people's interpersonal relationships, and there was little change in material wellbeing and employment. Living in independent accommodation had been realised mainly where families had some capacity to assist or the support worker could help with the social housing process.

The facilitators and barriers to achieving effective accommodation support have been listed throughout this report. Specific policy implications for ADHC concern both administrative and structural levels. Lived experience of people using accommodation support should inform program design, implementation and interagency collaboration.

Program design

- Clarify program scope, control and flexibility so that people and families know how much support they are entitled to, what the funding can and cannot be spent on and how much they can control these decisions
- Enhance flexibility of funding so the use of funds can be better tailored to individual needs related to the person, family and community, for example culturally specific arrangements and transport
- Review the size and variation of the allocation per person to ensure the way the allocation is managed allows for adequate support in transition to independent accommodation and are responsive to change
- Review the program design to be compatible with CRPD, NDS, whole of government and NDIS implementation, for example implications for funding, financial management, planning, review and accountability processes

Program implementation

- Provide information about Drop-in Support in a range of forums and accessible formats (e.g. group meetings, individual meetings, telephone support, Easy Read and community languages)
- Provide information and decision making support for people with disability and families during the application process and including goal setting, arranging support, review and monitoring, informed by the experiences of people with disability, for example, through disabled persons organisations and disability advocacy organisations. Examples include:
 - Link people with disability who are planning their support to expanding thinking about possibilities – e.g. My Choice Matters

- Build on trusted relationships with informal and formal supporters to engage in planning and manage transitions
 - Encourage people with disability and family members to identify their mutual and separate goals for the support, so that resources can be assigned to address each set of goals
 - Encourage people and families to think of accommodation support as long term, future-oriented. This includes forecasting long term change and incremental steps
 - Encourage multiple family members, friends and acquaintances to be involved and informed about the planning (e.g. siblings, cousins, friends, family friends etc) through more or less engagement such as circles of support or other regular contact, so that possible future supporters remain knowledgeable about supported decision making before crises.
- Target recruitment to people from socio-demographic groups (e.g. low resource capacity, not supported by family, Indigenous, culturally and linguistically diverse) who are currently under-represented and provide appropriate personal, family and community support
 - Monitor service provider performance against the Disability Service Standards, ST2 Framework and the definition of the particular accommodation support option
 - Require service providers to train and support workers to provide accommodation support to the level of quality expected in the characteristics of SAEF
 - Require service providers to ensure dispute resolution mechanisms and support are available for people and families in disputes with support workers and service providers.

Interagency collaboration

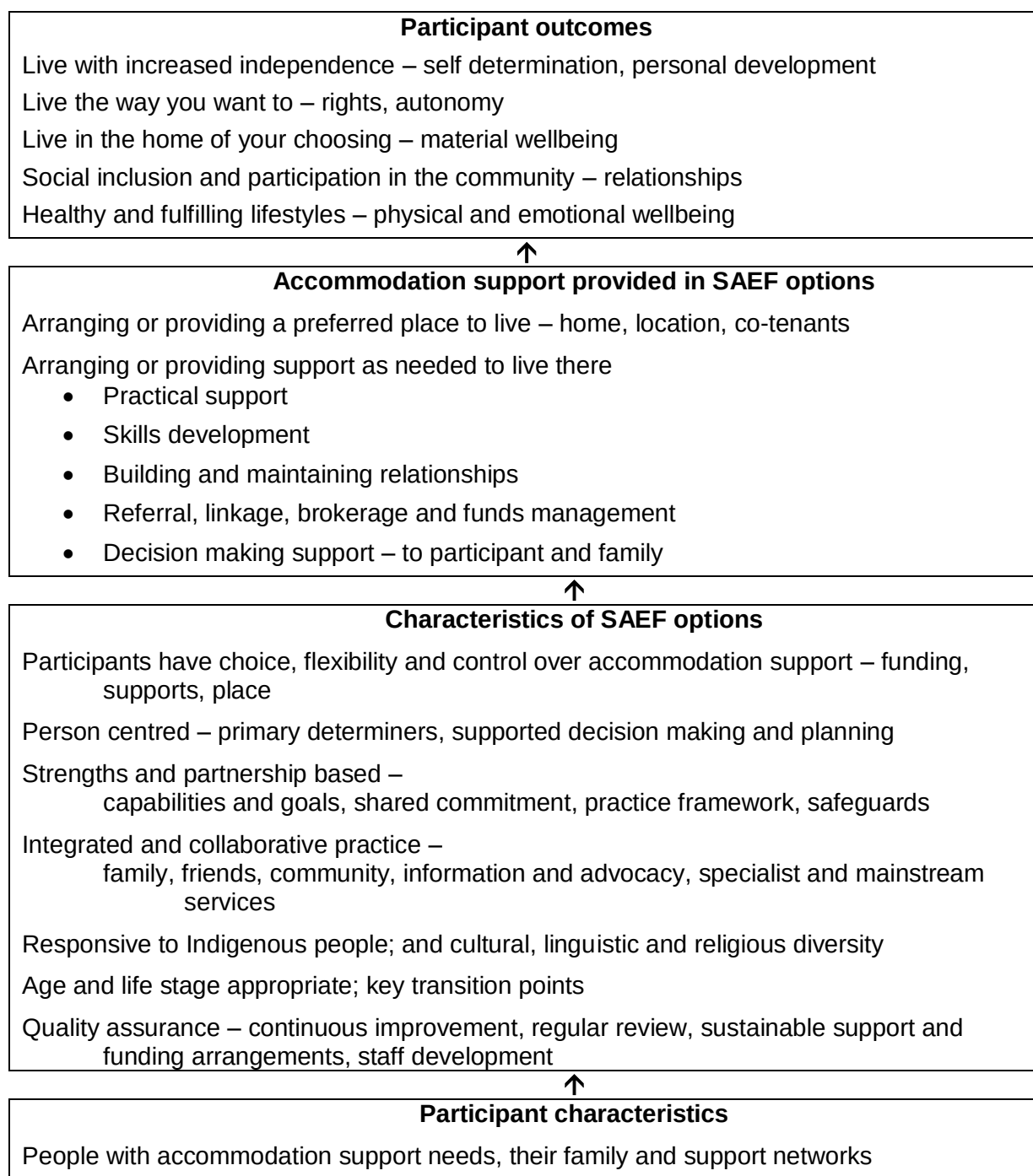
- Address the shortage of affordable housing for people to live in. This requires a whole of government approach to policy and implementation. Options include collaborations with housing providers and exploring mechanisms for low cost mortgages
- Encourage service providers to assist with improving employment outcomes for program participants by working with employment agencies, employers, education and service providers
- Encourage service providers to strengthen professional networks with specialist (other disability organisations) and mainstream services (e.g., TAFE, universities, gyms, sports clubs and community and religious organisations) and invest in community development to promote service integration and to be able to respond to the individual preferences of people with disability with a range of opportunities in their local community
- Encourage service providers to collaborate with local self-advocacy organisations to create pathways for people with disability to access lived experience expertise in the disability community
- Engage with disabled persons organisations to draw on lived experience to inform quality implementation and continuous improvement, such as setting the agenda for training and conducting the training of support workers; engaging advocacy organisations as trainers and peer supporters in transitions and development with people with disability. The

involvement of people with disability with disability organisations develops skills, increases community engagement and participation and generates pathways to employment

- Encourage mainstream community groups to make links with capacity building support in the disability sector (e.g. short courses run by PWDA and the Independent Living Centre) to back up their confidence and skills to include people with disability in their activities

Appendix A Evaluation framework

Program logic for the SAEF options



Sources: ADHC ST2 policy 2006-2016; Reforming NSW disability support – discussion paper 2013; Community Participation, Life Choices and Active Ageing Program Guidelines; Lifestyle Planning Policy 2012; UNCRPD 2008; Personal Wellbeing Index 2005; McCormack, B. & Farrell, M. 2009; Schalock, R. et al 2005; Vickery, L. 2007.
 Note: SAEF nine options: 1. Individual package: 1a. Supported Living Fund (SLF); 1b. Individual Accommodation; Support Packages (IASP); 2. Drop-in: 2a. Independent Living Drop-in Support (ILDS); 2b. Independent Living Skills Initiative (ILSI); 3. Group: 3a. Lifestyle Planning Policy (LPP); 4. Other: 4a. Abbeyfield; 4b. HOME; 4c. RASAI; 4d. SSDAAG

Evaluation questions and methods

The evaluation questions are derived from the program logic. They include major questions and sub-questions as below.

Effectiveness Does the accommodation support option provide the intended services and change outcomes for people with a disability?

1. To what extent does the SAEF option meet the outcomes for individuals, as experienced by people with a disability, their families and informal supporters (independence, choice and control about life and home, social inclusion and participation, healthy and fulfilling lifestyle)?
2. Does the SAEF option provide or arrange the intended accommodation support (preferred place to live, support to live there: practical support, skills development, relationships, referral, brokerage, funds management, decision making support)?
3. Which characteristics of the SAEF option have been most and least effective (choice and control, person centred, strengths and partnership based, integrated and collaborative practice, responsive to culture and age; individualised, portable, client driven funding; quality and effectiveness of support planning; integration of mainstream and informal support)?

Appropriateness Does the service reach the target group and meet their accommodation support needs?

4. To what extent is the SAEF option appropriate to the characteristics and needs of clients?
5. Are the services responsive to Aboriginal and Torres Strait Islander people and service users with CALD background?
6. Are the services responsive to age and life stages at key transition points?

Integrity and sustainability Are the SAEF options implemented as planned and responsive to identified gaps in design to maximise effectiveness within the option, with other initiatives and with mainstream services?

7. What are the facilitators and challenges to implementation and what effect do they have on outcomes?
8. What are the short term and long term strengths and weaknesses of the current service delivery option?
9. Has integrated and collaborative practice occurred and contributed to outcomes (the person, family, friends, community, specialist and mainstream services)?
10. Is the program cost effective and viable for the person, family, service provider and government compared to other accommodation support?
11. What strategies are used to work towards continuous improvement of service delivery (planning, review, staff development, budget management)?

Appendix B Evaluation methods

Purpose and aims

The evaluation generated an overarching Supported Accommodation Evaluation Framework that may be used to assess the effectiveness of a variety of new accommodation support and funding options piloted under ST2. The SAEF provides a means by which all of ADHC's accommodation support options can be consistently monitored and evaluated.

The project sought to build a solid evidence base about accommodation support through the collection of data and development of an evaluation framework that will ensure the collection of consistent, comprehensive data over time. This evidence base will inform the design and development of policy.

The evaluation assessed the effectiveness of the nine accommodation support and funding options to empower participants to make choices about the services and supports they require, and to create meaningful and long-term community inclusion for people with disability. To address this aim, the evaluation analysed the experience of the participants as well as agency and service provider governance, planning and service delivery processes.

Design rationale

This study used a mixed methods design and a participatory research approach to address the evaluation questions above. The rationale behind the design and methods to answer the research questions is based on previous research with people with disability and support options that aim for community participation and inclusion.

The design assessed the characteristics of the nine SAEF options and to measure quality of life outcomes for people with disability, their families and other informal supporters. This methodological approach was developed to fit the attributes of the accommodation support and funding options summarised in the program logic. It was designed within the evaluation constraints such as available and prospective sources of information, budget, timeframe and respondent burden.

Having a participatory approach was particularly important for this review as the aim was to seek information from people who have changed accommodation support or were using individualised funding packages that aim to promote the person's inclusion into the local community. The SPRC involved a community researcher with disability who has experienced various support services. He was part of the evaluation team, worked closely with the fieldworkers and helped design the research instruments and conduct the qualitative interviews with people with disability.

Samples and methods

The sample groups were people with disability in the programs, their families, workers and managers, and the methods included program data; web based or paper surveys; and face to face or telephone interviews and focus groups (Table 4.2). The sample and methods, including alternative inclusive methods, are described in detail below. The fieldwork instruments (surveys and interview questions) are included in the separate evaluation framework.

The interview sampling framework included people with different disability support needs, men and women, and people from diverse backgrounds and locations. The sample sizes were minimum but sufficient for the mixed methods, and they maximised participation within the limited evaluation budget.

Quantitative data and analysis

The quantitative data was from three sources: surveys with people with disability, family members/friends and managers; administrative data provided by ADHC; and quantified participant outcomes informed through qualitative interviews with people with disability.

Surveys

Surveys were distributed by ADHC to all people with disability accessing a SAEF option (direct to all known participants in Drop In, which was not comprehensive). The survey was to measure the impact of the SAEF option on outcomes for people with disability and the supports available. The survey for people with disability included plain English phrasing, clear and straightforward questions and pictures to support understanding of the text. Instructions for administration of the survey included how to support a person with disability to complete the survey. ADHC did not have access to contact details of family members or friends, so copies of the survey for family members/friends were sent to the person with disability.

Surveys were also distributed by ADHC to one manager from all service providers who provide or have been contracted to provide the nine SAEF options, including ADHC and NGOs.

The aim of the survey was to:

- assess the effectiveness of different processes in facilitating change to accommodation support for people with disability, family members and carers
- assess the effectiveness of different features of accommodation support services
- examine to what extent accommodation support is achieving the priorities outlined in ST2
- measure outcomes for people with disability and their family members and carers.

All surveys were available in paper and electronic format. A total of 308 surveys were completed, compared to the full 2193 program participants (Table A; SAEF Summary Report Purcal et al 2014). Of these, 258 were completed online and 50 were paper copies. The online survey closed on 5 July 2013. A small number of respondents did not provide sufficient information to identify which option they participated in and so were excluded from the analysis. A small number of people with disability were participants in more than one option, and they were included in the analysis in both options.

Administrative data

The evaluation analysed de-identified administrative data provided by ADHC. Individual client information from each of the accommodation support and funding options received a unique identity reference code. The administrative data provided by ADHC was compiled from client records in each of the nine SAEF options. The data included information on personal characteristics of the individual, service option received, the quantity of funding received, the number of hours of care received and the level of support required.

The analysis aimed to provide descriptive statistics of the demographic characteristics of the participants of the nine accommodation support and funding options. The aim was to provide a profile of the participants as a whole and describe the diversity within each option or

support type. This was achieved by providing analysis by type of disability, age and life stage, gender, cultural background, location and disability support needs.

Some demographic information, including age, gender and type of disability, cultural background and location was also collected through interviews and surveys.

Recurrent annual program cost data was obtained from ADHC and analysed as a total for each option, average and range per person for each of the nine SAEF options. The recurrent funding data from ADHC were analysed against the outcomes.

The following steps were taken to obtain and analyse the administrative data:

1. Identify data sources
2. Receive data for analysis
3. Assess data quality, identify potential gaps
4. Map data items to research questions and outcomes of the SAEF options
5. Develop new data collection where existing data does not provide adequate information for evaluation purposes
6. Develop analysis plan that maps data sources to evaluation outcomes
7. Analysis

Outcomes

Quantified outcomes were informed through qualitative interviews with people with disability. In addition to the qualitative analysis, the researchers quantified the data from each participant interview in terms of subjective satisfaction with quality of life from the perspective of the participant (adapted from methodology in Heal & Chadsey-Rusch 1986; Schwartz 2003).

The researchers scored each of the quality of life domains (Table 6.1) for each participant, using a five-level Likert scale scoring system. Scores for each quality of life domain ranged from 5, which represented an overwhelmingly favourable experience, to 1, which indicated an extremely negative experience. A score of 3 indicated a neutral response or mixed experience. In order to ensure reliability between the researchers, they discussed their ratings and developed consistent descriptions for each level of the scale.

Qualitative data and analysis

A range of qualitative methods were used to gather data: interviews with people with disability, family members and managers; case studies; focus groups with support workers and service coordinators; open-ended comments from the surveys; observation; and qualitative program data. These are described below, as well as research participant considerations and recruitment strategy.

Research participant considerations

The research design took account of individual needs, capacity and barriers to participation by ensuring that questions and methods built on participants' strengths.

Semi-structured interviews were used with an interview schedule that was designed to be flexible and to rely on the skills and judgement of the researchers, each of whom had prior experience interviewing people with disability. The interview schedule used plain English and was simplified by the researchers depending on the needs of the participants. Observational data was also collected for each person during the interview, including observation of the participant's interaction with other people and their environment. This method was particularly useful for participants less able to take part in a conversation based interview. Participants were also encouraged with visual cues, such as photographs, faces displaying different emotions or drawings, if this assisted them to share information. The rationale for this approach is that people have different levels of capacity to respond and participate in the interview, and the research aims to be as inclusive as possible.

The interview process included inviting a nominated and trusted support person to attend the interview where necessary. A support person is someone who sits in on an interview with a participant to help that person communicate in the best way possible with the researcher. This approach helps to make the research inclusive and ensure that information is gathered from all participants. A protocol was applied to guide supporters about their role to protect the primary perspective of the person with disability.

Recruitment strategy

The SPRC, in collaboration with ADHC, developed three versions of the recruitment information: one for people receiving accommodation support; one for service providers; and one for ADHC group accommodation services. Recruitment information included details about the involvement of people with disability, family members and ADHC and service provider staff in the research.

Participants and family members were not directly approached by the researchers. They were invited by ADHC or by service providers to participate in the research. If people indicated that they were willing to participate then ADHC would contact them to arrange an interview. The person's contact details were then forwarded to the researchers to gain full consent to participate. This 'arm's length' process aimed to avoid real or perceived coercion by the researchers. People were reimbursed expenses for participating. Recruitment strategies varied depending on the accommodation support and funding option.

People who received an individual package were contacted directly by ADHC. A copy of the recruitment information and request for research volunteers was mailed to each person. For people receiving drop-in support, ADHC provided information regarding the SAEF evaluation and recruitment process to service providers and requested contact details for people with disability accessing ILDIS and ILSI support. A copy of recruitment information and request for research participant volunteers was subsequently mailed to each person. In both the individual packages and drop-in support categories, contact details of family members or carers were not available, therefore information about the involvement of family members or carers in the SAEF evaluation were sent to the person with disability.

ADHC also arranged a number of SAEF briefing sessions for service providers: two metropolitan and three regional sessions. The information briefing sessions aimed to inform service providers of what was involved for people with disability and how service providers could contribute to the research. Service providers from the three accommodation support categories were sent invitations to the briefing sessions. An invitation for service provider managers to take part in a research interview was also included.

Interviews

Semi-structured, qualitative interviews were conducted with people with disability, their family members, and accommodation support managers. All interviews with people with disability were conducted face to face in a location preferred by the participant. The family member and manager interviews were conducted face to face or via telephone, depending on the convenience of the respondents and budget constraints. To address the evaluation objectives and research questions, the qualitative interviews included the following topics:

- Outcomes of the SAEF option for people with disability and their families
- Effectiveness of the SAEF option to provide or arrange the intended accommodation support
- Experience of people with disability when commencing the SAEF option
- Effectiveness of various characteristics of the SAEF option
- Effectiveness of the SAEF option to reach the target group and meet their accommodation support needs
- Facilitators or barriers for service providers in providing the SAEF option.

The interviews were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Case studies

To supplement the interviews, the evaluation team completed six case studies about the experience and quality of life changes of people with disability participating in this study. Case studies were de-identified data about a particular participant gathered from a range of sources, including interviews with the participant, family members and/or support workers. The case studies aimed to capture the participant's experience of the accommodation support and funding option and included changes, benefits or impacts they had experienced as a consequence of the new support type. The individual case studies were highly identifiable, and therefore the material was presented as part of the general analysis rather than separate stories.

Focus groups

Focus groups were arranged to gather information about the experiences and views of staff members working in the accommodation support and funding options. Focus groups were held with staff from each of the three key accommodation support categories: individual packages, drop-in support and group accommodation. Focus groups included between five and twelve staff members and were approximately two hours in length. Staff members from the individual packages and drop-in support categories who were unable to attend the focus groups were invited to provide written answers to the questions. A further 14 staff members provided information using this method. The focus group findings were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Surveys

Surveys were distributed to people with disability, family members/friends and managers as outlined above. Each of the survey formats allowed participants to provide open-ended

comments. As noted above, the survey for people with disability included plain English phrasing, clear and straightforward questions and pictures to support understanding of the text. A total of 306 surveys were included in the quantitative analysis. Comments from a further ten surveys from people with disability and eight family member surveys, which were returned after the survey closed, were included in the qualitative analysis. Comments were thematically coded using the SAEF indicators outlined in Table 6.1 and Table 8.1 and analysed using QSR NVivo qualitative analysis software (QSR International, 2012).

Observation

The researchers collected observation data during the qualitative interviews with people with disability, particularly when people experienced difficulty communicating. Participant observation is a method that has been used in previous research on community and health care service delivery (Fudge et al. 2008: 314). It involves the researchers observing how the service system and partnerships are working (across individual elements of the SAEF option and as a whole) and taking detailed notes about their impressions.

This approach gives researchers a richer understanding of the service delivery context and provides an additional source of data which can be triangulated with other data sources. For example, observation data can be compared with what is written in policy documents and procedure manuals and with interview data, which can strengthen the overall analysis.

Participant observation is an important component of the SAEF evaluation as it enables researchers to gain a greater understanding of the factors which can enhance and limit the effectiveness of the SAEF option. The observation data was coded using the same framework as the other qualitative data for analysis against the program logic domains.

Qualitative program data

The evaluation also analysed qualitative program data about participants who permitted the analysis of their de-identified data. This included information collected by community consultants (case managers) throughout the planning and goal setting stage and later ongoing support provision (e.g. case planning resource output). Examples are information from the Participants Planning Tool, Participants Story, or Tracking Sheet. Program data for all participants was non-identifiable and collected by ADHC as part of the service agreement in the SAEF option.

Limitations

The administrative data provided by ADHC was incomplete for a number of variables, particularly cultural diversity, disability type and the level of support needs, for some of the accommodation support options. Confidentiality requirements meant that some elements of data were not able to be reported for accommodation support options with relatively few participants. Data on additional services used and hours of services used were also incomplete.

Participation in the surveys and qualitative interviews was voluntary. Efforts were made to provide recruitment information to each person using one of the nine SAEF accommodation support options. There were low response rates to surveys in several of the accommodation support options, and therefore the findings need to be viewed with caution. It is not possible to generalise the survey findings to the broader population of people with disability using these options.

The evaluation proposed a sample size for qualitative interviews of between 10-12 people with disability in each of the nine SAEF options, with the exception of HOME, which had

fewer than 10 participants. ADHC also requested that 50 people with disability accessing group accommodation be interviewed. A total of 90 interviews were conducted with people with disability, which was less than the 130 initially proposed. The number of people with disability who took part in interviews was small, particularly for people in the IASP, ILDIS, Abbeyfield, HOME, RASAI and SSDAAG options. It was therefore not possible to generalise the evaluation findings to the broader population of people using these support options.

More than two-thirds of the people with disability who took part in interviews were able to communicate verbally. People who experienced difficulty communicating verbally predominantly lived in group accommodation, particularly the LRCs. For these people, additional data from observation, case file review and reports from family or staff members was included.

Completing the survey was difficult or inaccessible for people with significant cognitive or communication difficulties.

Interviews with people with disability were conducted face to face in a location preferred by the participant. Interviews were arranged in numerous locations across the state. Due to the logistical complexity of arranging a large number of voluntary interviews within a set timeframe, researchers often had limited advance notice for a scheduled interview. This reduced the opportunity for the SPRC's community researcher to be involved in the interviews. The community researcher attended four interviews in the Sydney region.

The proposed sample size for family members or friends taking part in qualitative interviews was 24, or six family members from each of the accommodation support categories. A total of 37 interviews were conducted with family members, 20 of whom were family members of people with disability interviewed. A few family members who took part in interviews spoke of receiving information regarding the research from advocacy groups rather than ADHC.

A total of 12 manager interviews were proposed, four from each of the Individual Packages, Drop-In Support and Group Accommodation categories. A total of 11 manager interviews were conducted, with the final interview cancelled due to scheduling difficulties. All managers who volunteered to participate in an interview for the Drop-In Support option provided information on ILDIS, although there was good representation from staff members working in both Drop-in Support options within the focus group.

Appendix C Data tables

Program data

Table C.1: Demographic characteristics of participants from Drop-in program data, number and per cent

	n	per cent
Age		
Less than 25 years	11	11
25-44 years	45	45
45 -64 years	26	26
65 years and over	n.a.	n.a.
Not Known	n.a.	n.a.
Total	100	100
Age		
Less than 45 years	56	56
45 years and over	27	27
Not Known	17	17
Total	100	100
Gender		
Male	50	50
Female	50	50
Not Known	0	0
	100	100
Language spoken at home		
Language other than English only	18	18
English (and other)	67	67
Not Known	15	15
Total	100	100
Country of Birth		
Australia	48	48
Other country	3	3
Not Known	49	49
Total	100	100
CALD Status		
Yes	6	6
No	77	77
Not Known	17	17
Total	100	100
Aboriginal and Torres Strait islander status		
Yes	0	0
No	64	64
Not Known	36	36
Total	100	100
Region		

	n	per cent
Hunter	28	28
Metro North	30	30
Metro South	12	12
Northern	10	10
Southern	8	8
Western	12	12
	100	100
Disability		
Intellectual	55	55
Specific learning/Attention Deficit Disorder	n.a.	n.a.
Autism	n.a.	n.a.
Physical	3	3
Acquired brain injury	3	3
Neurological	n.a.	n.a.
Sensory and speech	n.a.	n.a.
Psychiatric	n.a.	n.a.
Not known	34	34
Total	100	100
Support Needs		
High	0	0
High	0	0
Moderate	5	5
Low	0	0
Minimal	0	0
Not Known	95	95
Total	100	100
Number of program participants	100	

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Table C.2: Demographic characteristics of participants from program data by Drop-in options, numbers

	ILDIS	ILSI
Age		
Less than 25 years	5	6
25-44 years	20	25
45 -64 years	16	10
65 years and over	n.a	0
Not Known	n.a	11
Total	48	52
Age		
Less than 45 years	25	31
45 years and over	17	10
Not Known	6	11
Total	48	52
Gender		
Male	18	32
Female	30	20
Not Known	0	0
Total	48	52
Language spoken at home		
Language other than English only	7	11
English (and other)	35	32
Not Known	6	9
Total	48	52
Country of Birth		
Australia	28	20
Other country	0	3
Not Known	20	29
Total	48	52
CALD Status		
Yes	n.a	5
No	41	36
Not Known	n.a	11
Total	48	52
Aboriginal and Torres Strait Islander status		
Yes	0	0
No	33	31
Not Known	15	21
Total	48	52
Region		
Hunter	13	15
Metro North	12	18
Metro South	12	0
Northern	6	4
Southern	n.a	5
Western	n.a.	10
Total	48	52

	ILDIS	ILSI
Disability		
Intellectual	28	27
Specific learning/Attention Deficit Disorder	0	0
Autism	n.a.	n.a.
Physical	n.a.	n.a.
Acquired brain injury	n.a.	n.a.
Neurological	n.a.	0
Sensory and speech	0	0
Psychiatric	n.a.	0
Not known	13	21
Total	48	52
Support Needs		
High	0	0
High	0	0
Moderate	4	n.a.
Low	0	n.a.
Minimal	0	0
Not Known	44	51
Total	48	52
Number of program participants	48	52

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Table C.3: Demographic characteristics of participants from program data by ILDIS and ILSI, per cent

	ILDIS	ILSI
Age		
Less than 25 years	10.4	11.5
25-44 years	41.7	48.1
45 -64 years	33.3	19.2
65 years and over	n.a.	
Not Known	n.a.	21.2
Total	85.4	100.0
Age		
Less than 45 years	52.1	59.6
45 years and over	35.4	19.2
Not Known	n.a.	21.2
Total	87.5	100.0
Gender		
Male	37.5	61.5
Female	62.5	38.5
Not Known		
Total	100.0	100.0
Language spoken at home		
Language other than English only	14.6	21.2
English (and other)	72.9	61.5
Not Known	12.5	17.3
Total	100.0	100.0
Country of Birth		
Australia	58.3	38.5
Other country	0.0	5.8
Not Known	41.7	55.8

	ILDIS	ILSI
Total	100.0	100.0
CALD Status		
Yes	n.a.	9.6
No	85.4	69.2
Not Known	n.a.	21.2
Total	100.0	100.0
Yes		
No	68.8	59.6
Not Known	31.3	40.4
Total	100.0	100.0
Region		
Hunter	27.1	28.9
Metro North	25.0	34.6
Metro South	25.0	0.0
Northern	12.5	7.7
Southern	n.a.	9.6
Western	n.a.	19.2
Total	100.0	100.0
Disability		
Intellectual	58.3	51.9
Specific learning/Attention Deficit Disorder	n.a.	n.a.
Autism	n.a.	n.a.
Physical	n.a.	n.a.
Acquired brain injury	n.a.	n.a.
Neurological	n.a.	n.a.
Sensory and speech	n.a.	n.a.
Psychiatric	n.a.	n.a.
Not known	27.1	40.4
Total	100.0	100.0
Support Needs		
High	0.0	0.0
High	0.0	0.0
Moderate	8.3	0.0
Low	0.0	0.0
Minimal	0.0	0.0
Not Known	91.7	100.0
Total	100.0	100.0
Number of program participants	48	52

Source: ADHC program data 30 June 2012

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Table C.4: Services used by program - number of Drop-in participants using a service

	ILDIS	ILSI
Accommodation support	35	23
Community support	42	39
Community access	19	10
Respite	17	27
Total people in program	48	52

Source: ADHC MDS 30 June 2012 (2011-12)

Notes: n.a.= Cells smaller than 3. Missing included in percentages. Participants may use more than one service within a category so some numbers may be .greater than the total number of

 participants in the program.

Table C.5: Average hours used per person using the service by Drop-in option per week, 2011-2012

	ILDIS	ILSI
Accommodation support		
1.05 Attendant care/personal care		
1.06 in-home accommodation support	15.25 (25)	6.15 (22)
1.07 Alternative family placement		
Community support		
2.06 Case management, local coordination and development	0.48 (4)	0.37* (10)
Community access		
3.01 Learning and life skills development	15.3* (14)	9.4* (5)
3.03 Other community access	1.31 (1)	2.05 (2)
Respite		
4.02 Centre-based respite/respite homes	29.63* (5)	12.24* (10)
4.03 Host family respite/peer support respite		
4.04 Flexible respite	2.21 (7)	3.5* (12)
Source: ADHC MDS program data 2011-12		
Notes: * denotes that average hours calculation was based on data for services users for whom data on hours was available, not all services users. This data should be interpreted with caution.		
Not all service types record hours e.g. 1.04 Group home		
1. SLF recipients were not receiving SLF until 2012-13 financial year		
2. This data would only include ST1 IASP recipients and not ST2 IASPs which were allocated in the 2012/13 financial year.		
() = number of users with hours recorded against the service type		

Table C.6: Recurrent funding per person by Drop-in option (\$), mean and range, 2011-2012

	ILDIS	ILSI
Average amount	78,000	78,000
Source: ADHC Funding Management System data April 2013		
Notes: ILDIS and ILSI are given notional values of \$78k per place. There are 68 ILSI places and 95 ILDIS places, however it should be noted that places does not equal program participants.		

Survey data**Table C.7: Demographic characteristics of Drop in participants from survey**

	n	Per cent
Age		
Less than 25 years	n.a.	n.a.
25-44 years	26	61.9
45 -64 years	12	28.6
65 years and over	n.a.	n.a.
Not Known	0.0	0.0
Total	42	100.0
Age		
Less than 45 years	29	69.1
45 years and over	13	31.0
Not Known	0	0.0
Total	42	100.0
Gender		
Male	23	54.8
Female	19	45.2
Total	42	100.0
Language spoken at home with family		
Language other than English	4	9.5
English	38	90.5
Not Known	0	0.0
Total	42	100.0
Country of Birth		
Australia	39	92.9
Other country	n.a.	n.a.
Not Known	n.a.	n.a.
Total	42	92.9
Aboriginal and Torres Strait islander status		
Yes	n.a.	n.a.
No	41	97.6
Not Known	n.a.	n.a.
Total	42	100.0
Region		
Major cities of Australia	28	66.7
Inner regional	9	21.4
Outer regional	3	7.1
Not known	n.a.	n.a.
Total	42	100.0
Disability		
Intellectual	32	76.2
Specific learning/ Attention Deficit Disorder	0	0.0
Autism	n.a.	n.a.
Physical	n.a.	n.a.
Acquired brain injury	0	0
Neurological	0	0.0
Sensory and speech	n.a.	n.a.
Psychiatric	0	0.0
Not known	5	11.9
Total	42	100.0

Source: Survey to people using accommodation support options July 2013 n=20

Notes: n.a.= Cells smaller than 3.

Table C.8: Quality of life now, survey of people, sample size and means

	Drop-in	Me an
How do you feel about:	n	
Where you live?	42	4.5
The way your house looks?	41	4.4
Your relationships with family and friends?	42	4.3
The activities you do out of the house with other people?	42	4.5
The new things you get to learn?	41	4.5
Your choices about having a job?	39	4.1
How healthy you are?	42	4.2
How happy you are?	42	4.5
The help you get from people to make your own decisions?	41	4.4
The choice you get when you're making plans with your paid staff member?	42	4.3

Source: Survey to people using accommodation support options July 2013

Notes: Range of responses was 1-5 (unhappy to happy) for all support options

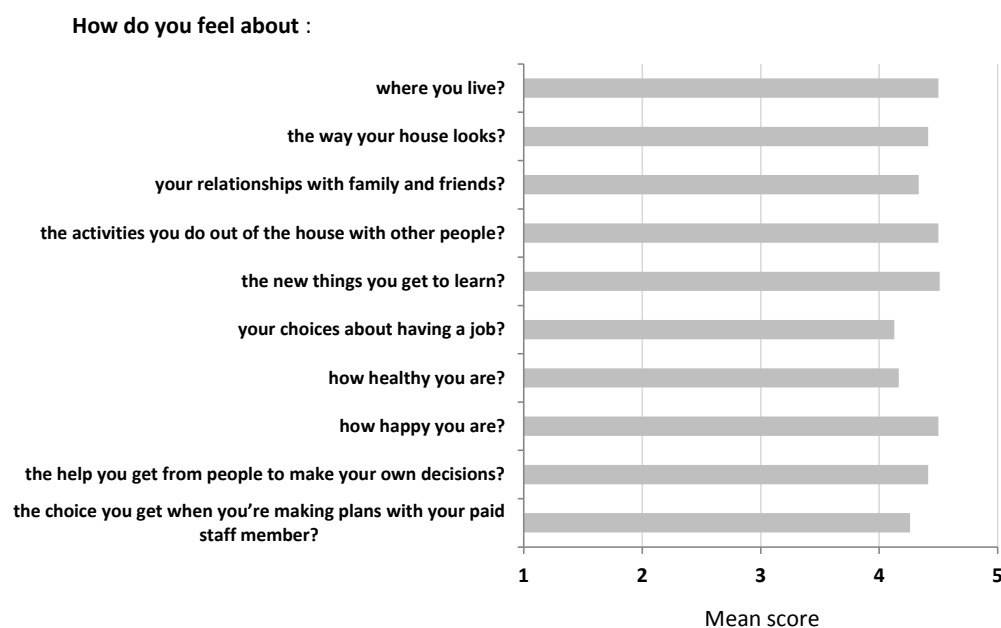
Figure C.1 Quality of life now for Drop-in Support, survey of people, means

Table C.9: Change in quality of live for Drop-in Support, people survey, per cent

	n	Better	Same	Worse
How do you feel now compared to how you felt before about:				
Where you live?	32	65.6	31.3	n.a
The way your house looks?	31	32.3	54.8	12.9
Your relationships with family and friends?	32	43.8	53.1	n.a.
The activities you do out of the house with other people?	31	51.6	38.7	9.7
The new things you get to learn?	29	34.5	55.2	10.3
Your choices about having a job?	28	32.1	53.6	14.3
How healthy you are?	31	51.6	41.9	n.a.
How happy you are?	31	58.1	38.7	n.a.
The help you get from people to make your own decisions?	31	51.6	38.7	9.7
The choice you get when you're making plans with your paid staff member?	28	46.4	50.0	n.a.

Source: Survey to people using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3

Figure C.2 Change in quality of life for Drop-in Support, people survey, per cent

Change in quality of life between before and now about:

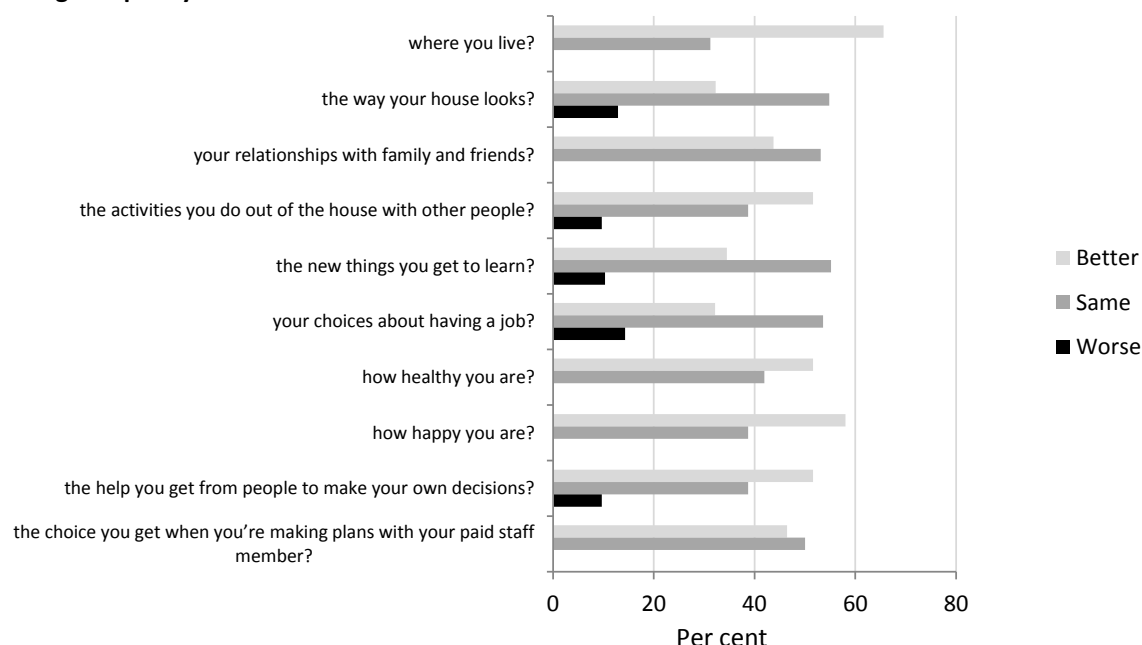


Table C.10: Demographic characteristics of participant with disability and family respondents, from family survey, number and per cent

	Drop-in Support	
	n	per cent
Participant with disability' characteristics		
Age		
Less than 25 years	n.a	n.a
25-44 years	16	61.5
45 -64 years	7	26.9
65 years and over	n.a.	n.a.
Not Known	n.a.	n.a.
Total	26	88.5
Age		
Less than 45 years	18	69.2
45 years and over	7	26.9
Not Known	n.a	n.a.
Total	26	96.2
Gender		
Male	15	57.7
Female	11	42.3
Not Known	0	0.0
Total	26	100.0
Language spoken at home with family		
Language other than English	n.a.	n.a.
English	24	92.3
Not Known	n.a.	n.a.
Total	26	100.0
Country of Birth		
Australia	25	96.2
Other country	n.a.	n.a.
Not Known	n.a.	n.a.
Total	26	100.0
Aboriginal and Torres Strait islander status		
Yes	n.a.	n.a.
No	23	88.5
Not Known	n.a.	n.a.
Total	26	100.0
Disability		
Intellectual	21	80.8
Specific learning/Attention Deficit Disorder	n.a.	n.a.
Autism	n.a.	n.a.
Physical	n.a.	n.a.
Acquired brain injury	n.a.	n.a.
Neurological	n.a.	n.a.
Sensory and speech	n.a.	n.a.
Psychiatric	n.a.	n.a.
Not known	n.a.	n.a.
Total	26	100.0
Family respondent characteristics		
Age		
less than 45 years	n.a.	n.a.
45 -64 years	8	30.8
65 years and over	14	53.9

	Drop-in Support	
	n	per cent
Not Known	n.a.	n.a.
Total	26	84.6
Gender		
Male	7	26.9
Female	17	65.4
Not known	n.a.	n.a.
Total	26	92.3
Relationship		
Parent	14	53.9
Sibling	4	15.4
Son or Daughter	4	15.4
Other	4	15.4
Not known	0	0.0
Total	26	100.1
Language spoken at home with family		
Language other than English	n.a.	n.a.
English	23	88.5
Not Known	n.a.	n.a.
Total	26	100.0
Country of Birth		
Australia	24	92.3
Other country	n.a.	n.a.
Not Known	n.a.	n.a.
Total	26	100.0
Aboriginal and Torres Strait islander status		
Yes	n.a.	n.a.
No	24	92.3
Not Known	n.a.	n.a.
Total	26	100.0
Region		
Major city of Australia	16	61.5
Inner regional	8	30.8
Outer regional	n.a.	n.a.
Remote/ remote	n.a.	n.a.
Not known	n.a.	n.a.
Total	26	100.0
Number of respondents	26	

Source: Survey to families of people using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

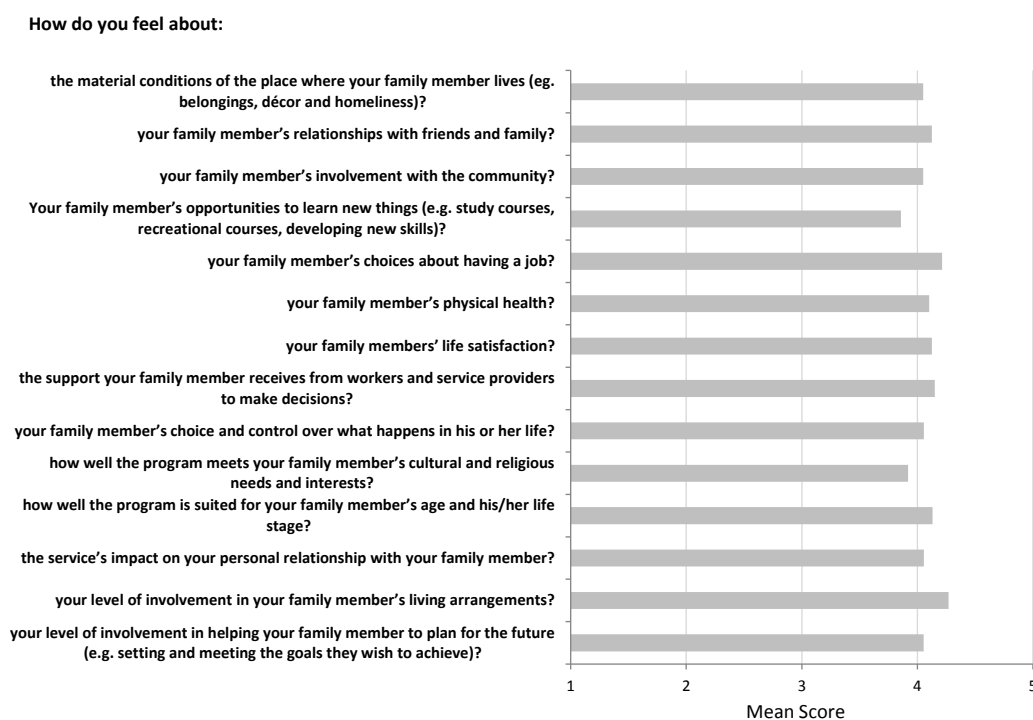
Table C.11: Quality of life of participant with disability now, from family survey, number of respondents and mean

	Drop-in Support	
	n	mean
How do you feel about:		
the material conditions of the place where your family member lives (e.g. belongings, décor and homeliness)?	21	4.4
your family member's relationships with friends and family?	25	4.4
your family member's involvement with the community?	25	4.2
your family member's opportunities to learn new things (e.g. study courses, recreational courses, developing new skills)?	24	4.2
your family member's choices about having a job?	22	4.0
your family member's physical health?	25	4.1
your family members' life satisfaction?	25	4.3
the support your family member receives from workers and service providers to make decisions?	24	4.3
your family member's choice and control over what happens in his or her life?	24	3.8
how well the program meets your family member's cultural and religious needs and interests?	24	3.8
how well the program is suited for your family member's age and his/her life stage?	25	4.1
the service's impact on your personal relationship with your family member?	22	3.9
your level of involvement in your family member's living arrangements?	24	4.0
your level of involvement in helping your family member to plan for the future (e.g. setting and meeting the goals they wish to achieve)?	24	3.8
Number of survey respondents in total	26	

Source: Survey to families of people using accommodation support options July 2013

Notes: Range of responses was 1-5 (unhappy to happy) for all support options. n.a.= Cells smaller than 3.

Figure C.12: Quality of life of person with disability now, from family survey, Drop-in Support, mean



Source: Survey to families of people with disability using accommodation support options July 2013.
Note: n=21-25

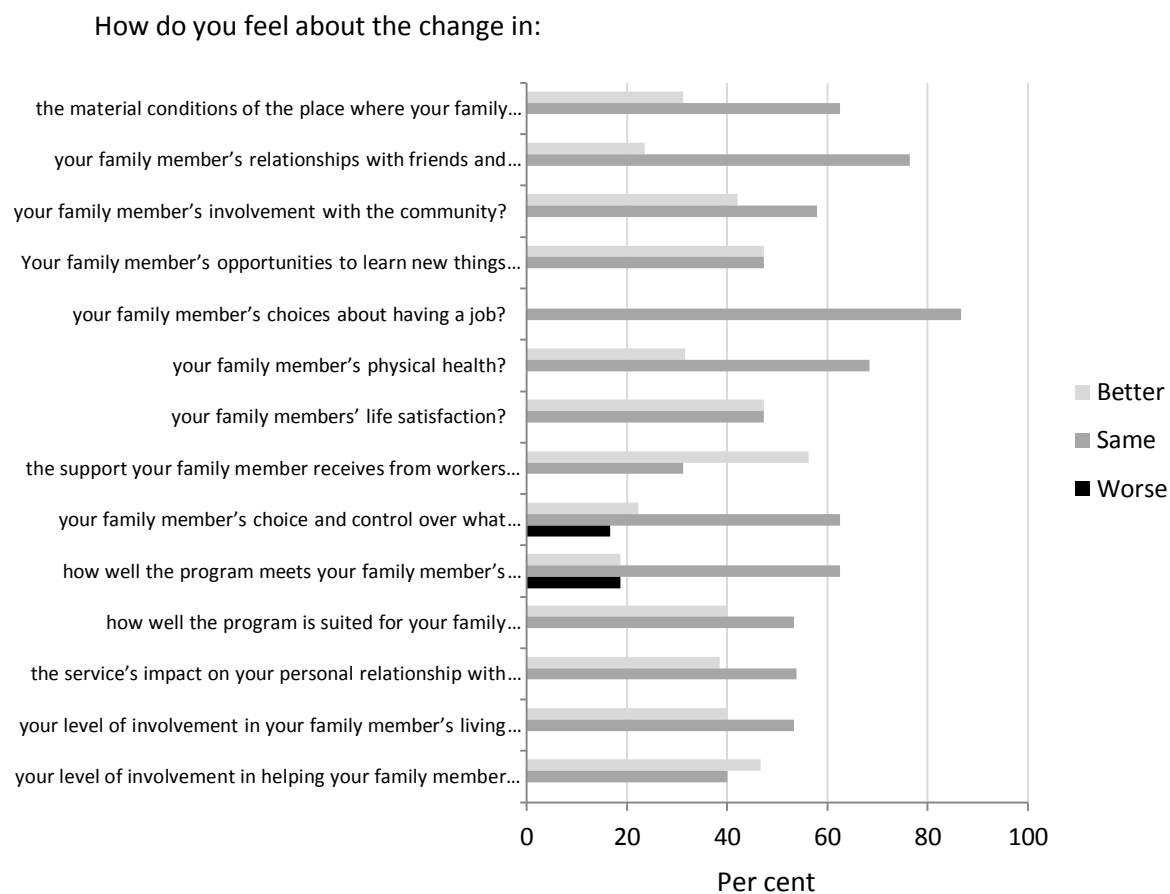
Table C.13: Change in quality of life of participant with disability, from family survey – per cent

	n	Drop-in Support		
		Better	Same	Worse
How do you feel about:				
the material conditions of the place where your family member lives (e.g. belongings, décor and homeliness)?	16	31.3	62.5	n.a.
your family member's relationships with friends and family?	17	23.5	76.5	0
your family member's involvement with the community?	19	42.1	57.9	0
Your family member's opportunities to learn new things (e.g. study courses, recreational courses, developing new skills)?	19	47.4	47.4	n.a.
your family member's choices about having a job?	15	n.a.	86.7	n.a.
your family member's physical health?	19	31.6	68.4	0
your family members' life satisfaction?	19	47.4	47.4	n.a.
the support your family member receives from workers and service providers to make decisions?	16	56.3	31.3	n.a.
your family member's choice and control over what happens in his or her life?	18	22.2	62.5	16.7
how well the program meets your family member's cultural and religious needs and interests?	16	18.8	62.5	18.8
how well the program is suited for your family member's age and his/her life stage?	15	40.0	53.3	n.a.
the service's impact on your personal relationship with your family member?	13	38.5	53.9	n.a.
your level of involvement in your family member's living arrangements?	15	40.0	53.3	n.a.
your level of involvement in helping your family member to plan for the future (e.g. setting and meeting the goals they wish to achieve)?	15	46.7	40.0	n.a.

Source: Survey to families of people using accommodation support options July 2013

Notes: n.a.= Cells smaller than 3. Missing included in percentages.

Figure C.14: Change in quality of life of person with disability, family survey, Drop-in Support, per cent



Source: Survey to families of people with disability using accommodation support options July 2013
 Note: n=15-19

Managers

A small number (n=10) of managers responded to the survey from the SLF, IASP, ILSI and ILDIS programs.

The majority of managers who responded to the survey rated their organisation as effective or effective with regard to support provided by the organisation in relation to:

- Planning with the person and their family as how to make supported living work for them
- Management of referrals (e.g. health referrals)
- Linking and packaging services to address need
- Supporting people and their families to make informed decisions
- Providing practical support (e.g. access to health services)

Although, fewer managers rated their organisation as effective or effective for arranging or providing a preferred place to live.

The majority of managers who responded to the survey agreed or strongly agreed with the statements agree that the accommodation support option or service (as selected in question 1) achieves the following Stronger Together 2 priorities:

- People are the primary determiners in supported decision-making and planning processes
- Supporting people to have more choice and control over their accommodation funding or planning arrangements
- Supporting people to have more choice and control over their accommodation funding or planning arrangements
- Working in partnership with people, their family/support people to identify goals and activities that reflect the person's wishes, strengths and capabilities
- Providing support to people that is appropriate to their age and life stage
- Providing a responsive and adaptable approach to meet the needs of Aboriginal or Torres Strait Islander people and people with culturally and linguistically diverse background
- Supporting people through service integration and collaboration with other stakeholder
- Reviewing and monitoring service delivery on a regular basis to ensure its continuous improvement
- Providing staff with opportunities to develop and broaden their skills through training, supervision, coaching and other professional support

The majority of managers who responded to the survey rated their support option or service as effective or effective in supporting people to achieve the following outcomes:

- Living in a homely environment with possessions of their own choosing
- Developing and maintaining relationships with friends and family
- Living a self-determined life by making choices
- Having opportunities to acquire new skills

- Engaging in meaningful activities
- Interacting with people in the broader community
- Being informed about rights in order to exercise them
- Having best possible health
- Emotional wellbeing

The majority of managers who responded to the survey also reported that the accommodation support option service was effective or effective in supporting families and carers of people in the following domains:

- Their relationship with their family member with disability
- Their level of involvement in their family member's living arrangements
- The supported accommodation funding or planning options available to their family member

Interview data

Table C.15: Demographic characteristics of Drop-in participants from interviews, number and per cent

	n	Per cent
Age		
Less than 45 years	10	62.5
45 years and over	6	37.5
Not Known	0	0
Total	16	100.0
Gender		
Male	7	43.8
Female	9	56.2
Not known	0	0
Total	16	100.0
Aboriginal and Torres Strait Islander status		
Yes	0	0
No	16	100
Not Known	0	0
Total	16	100.0
CALD status		
Yes	0	0
No	16	100.0
Not Known	0	0
Total	16	100.0
Disability		
Intellectual	11	68.8
Other ¹	5	31.2
Total		
Number of respondents	16	

Source: Interviews with people using accommodation support options February-August 2013

Notes: n.a.= Cells smaller than 3.

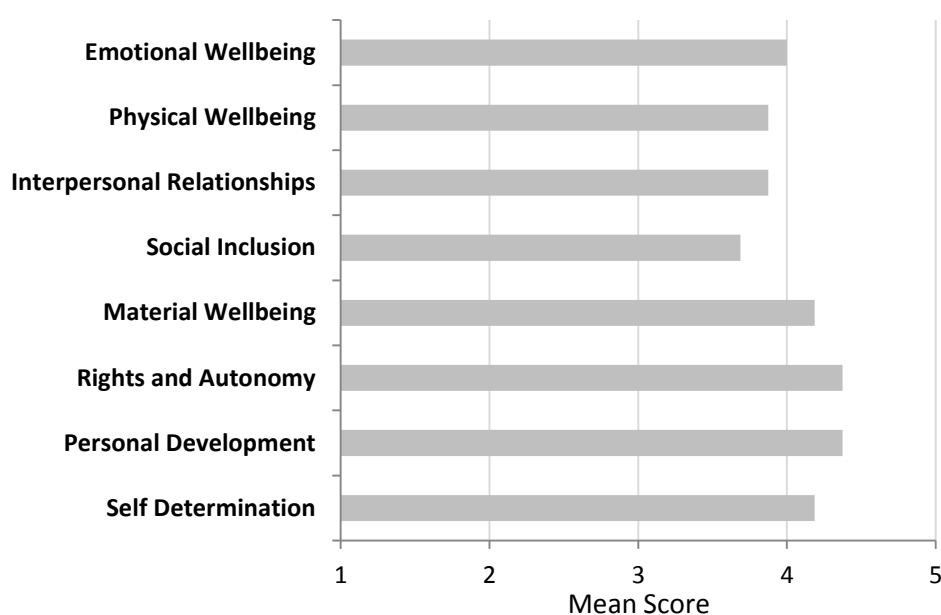
1. 'Other' includes Specific learning/Attention Deficit Disorder, Autism, Physical, Acquired brain injury, Neurological, Sensory and speech, Psychiatric, Not known

Table C.16: Quality of life now, Drop-in interview data, sample size and means

	n	Mean
Self determination	16	4.2
Personal development	16	4.4
Rights and Autonomy	16	4.4
Material wellbeing	16	4.2
Social Inclusion	16	3.7
Interpersonal relationships	16	3.9
Physical wellbeing	16	3.9
Emotional wellbeing	16	4.0

Source: Interview with people using accommodation support options February-August 2013

Notes: Interviewer ratings of person's subjective experience. Range of responses was 1-5 for all support options. 1= Never, rarely to 5= Usually, always. See Table 6.1 for indicators used to assess each category

Figure C.17: Quality of life of person with disability now, interview data, Drop-in Support, mean

Source: Interview with people using accommodation support options February-August 2013

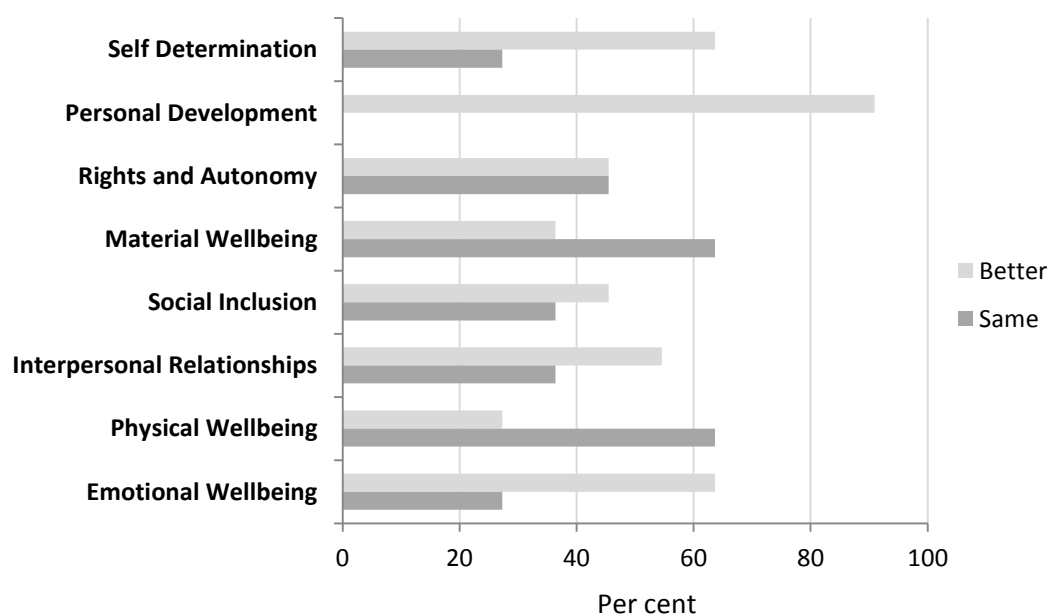
Note: n=16. For details see Figure C.17.

Table C.18: Changes in quality of life now, Drop-in interview data, sample size and means

	n	Better	Same	Worse
Change in quality of life in:				
Self determination	11	63.6	27.3	n.a
Personal development	11	90.9	n.a	n.a
Rights and Autonomy	11	45.5	45.5	n.a
Material wellbeing	11	36.4	63.6	n.a
Social Inclusion	11	45.5	36.4	n.a
Interpersonal relationships	11	54.6	36.4	n.a
Physical wellbeing	11	27.3	63.6	n.a
Emotional wellbeing	11	63.6	27.3	n.a

Source: Interview with people using accommodation support options February-August 2013 .

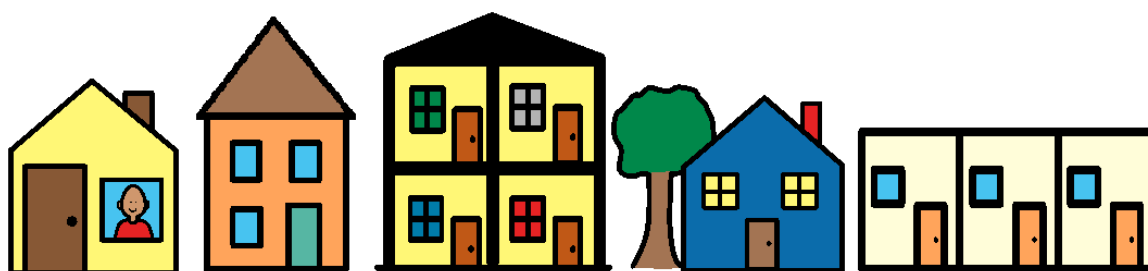
Notes: n.a.= Cells smaller than 3. Missing included in percentages

Figure C.19: Changes in quality of life now, Drop-in interview data, Drop-in Support, per cent

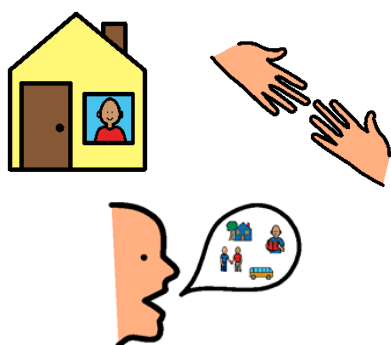
Source: Interview with people using accommodation support options February-August 2013.

Note: n=11. No respondents reported worse quality of life. For details see Table C.18.

Appendix D Easy Read summary about accommodation support for people with disability



This report is about accommodation support for people with disability in New South Wales, Australia.



Accommodation support helps people with disability to live where and how they choose.

It includes a place to live. Help to live there. Help for people to say what they want and need.



This report is about how well accommodation support is working.

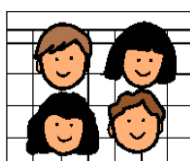
Lots of people spoke about how well accommodation support is working:



- People with disability



- Family members and friends



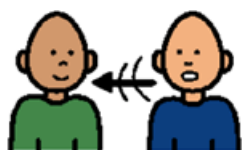
- Support workers



- Service providers



- Government



Some people did an interview. This is talking and answering questions.



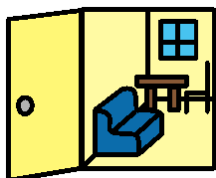
Some people did a survey. This is choosing answers from some already written down.



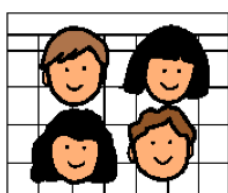
A person with disability helped to decide on what questions to ask.

Most people who used accommodation support had some good changes in their lives.

People with disability said they liked:



- Having their own space and privacy when they moved into a new place



- Choosing support workers they liked



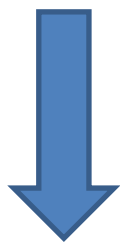
- Getting help to say what they wanted and needed



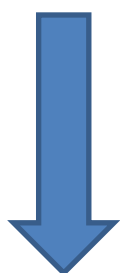
- Making a plan to live how they wanted to



- Living near family, friends, trains or buses, shops and other places to go



Fewer people had good changes in their relationships.



Fewer people found a job.



Sometimes it was hard to find a good place to live or to pay for it.

Some things are important to make accommodation support good for people with disability:

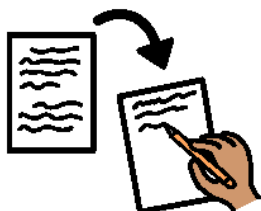
Making a plan



- Help people with disability make a plan with goals that can really happen



- Make sure that people with disability have help to say what they want and need in the plan



- Make sure to change the plan when there are changes in what people with disability want and need

Helping everyone work together

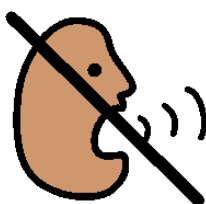
Lots of different people may help people with disability make the plan – for example:

- Family and friends
- Support workers
- Service providers

Because lots of people might be helping, it is good to:



- Help everyone work together when making the plan

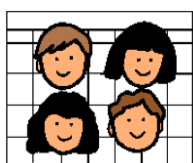


- Help everyone work out any disagreements that happen while planning



- Make sure there is information that everyone can understand

Working with support workers



- Work with support workers to be flexible and respect people with disability



- Train support workers to help people with disability live how they want to

Working with service providers

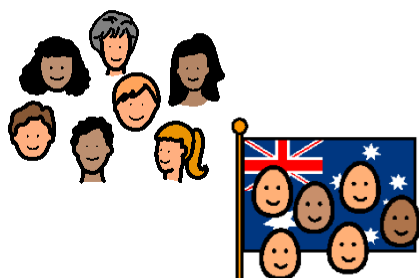


- Work with service providers to give people with disability the information, funding and help to make plans happen



- Help service providers work together with other service providers, so that they all use their skills together to help people with disability

Making the plan happen



- Link people with others in the community and government who can help the plan happen



- Make sure people can use their funding in lots of different ways to make their plan happen



- Do more work to make places to live cheap enough that people can pay for them

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